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ORIGINAL ARTICLES.

VAGINAL HYSTERO-OÖPHORECTOMY FOR OTHER THAN DISEASES OF THE UTERUS AND ADNEXA.

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IN the early days of gynæcology—and those are not so remote that they cannot be remembered by even the youngest among us—the proposition to remove the ovaries and uterus, when pathology could not be demonstrated in either organ, would have been looked upon with suspicion, and rejected as unjustifiable.

In those days the vaginal rings, which in shape frequently resembled nothing in nature, and in application had regard to no mechanical law, held supreme control in the treatment of uterine displacements; held control in treatment much better than they held the uterus in position.

Ovarian and tubal pathology, as differentiated by almost the present generation of thinkers and workers, was classified broadly with inflammation of the uterus, or pelvic cellulitis. Vaginal hysterectomy was only dreamed of, and oöphorectomy projected as a surgical possibility.

But with our increasing knowledge of abdominal surgery, and the perfection of *technique* that necessarily goes hand and hand with such knowledge, the aspect of diseases of the uterus and the adnexa, and their treatment, has undergone radical changes. And while those changes have in many instances been in the direction of true conservatism, in still other instances the result has been to form bolder treatment, and to sanction operative measures which at first were reserved for the graver forms of disease.

My confidence in vaginal hysterectomy—I have never lost a case that could be attributed to the operation itself—and the failure to cure some cases of displaced uterus with any of the mechanical means you suggested, or by means of the ingenious abdominal operations which have for their object making taut the uterine supports, or the vaginal plastic operations which seek to give support by acting from below; this reasonable confidence on one side, and knowledge of repeated failures on the other, has, I say, led me for some time to recommend and practice removal of the uterus by way of the vagina for otherwise incurable displacements, and the same security in the issue of gaining access to the abdomen through the vagina is fast forcing upon me the conclusion that vaginal oöphorectomy possesses claims for our consideration, which we, as scientific surgeons, must not disregard.

I still further extend the application of vaginal hysterectomy—it will, of course, be understood that I am not here speaking of pathological conditions, which have no part in the present discussion—to the treatment of remote nervous conditions, which are seated in ovaries, and are associated with the process of ovulation.

Here the adnexa are principally at fault, but my belief is that the uterus should be included in the ovarian ablation (and this for reasons which I shall adduce later) and that we should not content ourselves in the treatment of these cases, with an abdominal oöphorectomy, as at present so generally advocated.

Still further, when for any other reason it is thought best to artificially induce the menopause, as in infantile uterus, or intractable dysmenorrhœa, I prefer to do a vaginal hystero-oöphorectomy, removing the uterus if the ovaries are the offending organs; but mark you, not of necessity the ovaries, when the uterus alone is the organ that requires amputation. For the uterus has no function or usefulness, apart from that which is suggested by the appendages; while on the other hand, the function and activity of the ovaries are most intimately associated with the psychical and physical well-being of the woman, and are probably but slightly, if at all, affected by the removal of the child-bearing organ.

I, therefore, in my treatment of conditions of the uterus and ovaries, not represented by actual disease, which in my judgment, call for the radical operation of removal, am actuated by the broad generalization, that when the uterus, from its position, or contracted abnormal relations must be taken out, other things being equal, the ovaries should not be disturbed, but should be permitted to continue their function of ovulation, and possibly of contributing their special secretion, "spermini," to the organism, while in case the ovaries are to be removed, the uterus then becoming a perfectly useless organ, should not be spared, but should be amputated with the ovaries. Without the ovaries it serves no purpose, and as a foreign body, is governed by the

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laws that relate to such bodies, while on the other hand, the ovaries are so profoundly intimate with the entire system, that they should not be removed unless they are certainly the seat of disease, or the promoters of systematic disturbance. The spirit of true consideration, which would never sacrifice the appendages while there is possibility that other less radical treatment will suffice, finds sympathy in the quite recent suggestion to preserve even a small portion of the Fallopian tubes and ovary if it can be shown to be healthy. Such practice could hardly apply to vaginal oöphorectomy, and especially to the operation for the class of cases we are now considering, but it is here mentioned as typical of the reverse picture to the bold and radical treatment I advocate; both of which are outgrowths of a better knowledge af physiology and pathology, and greater skill in abdominal surgery.

The class of uterine displacements which I consider legitimate for vaginal hysterectomy includes the severer forms, and those that have proved most intractable to treatment. Generally they have passed through all the experiences of local and mechanical treatment, of minor and conservative operations, without avail. Still the uterus remains out of place, and life becomes unbearable because of the local and remote suffering attendant thereon. With the present slight mortality of vaginal hysterectomy, and the excellent results that we can record, I look upon this operation as not only justifiable, but as a procedure that should be recognized, in the treatment of the cases I have mentioned.

My method of operating is rapid, and so simple as to almost remove it from the category of major operations. As it differs in some particulars, so far as I am aware, from the *technique* of other surgeons, you will pardon a detailed description.

I consider that all my abdominal operations begin with the preparation of the patient. This, my assistants and nurses are trained to institute forty-eight hours before the time set for the operation.

Pulse and temperature are recorded, and examinations of the chest made. The urine is most carefully examined, and the quantity secreted in twenty-four hours recorded. This record is submitted to me before the operation, and aids me in deciding the anæsthetic to be administered. All the eliminating organs are functionally assisted. The kidneys are washed out with Poland water. The liver is assisted by small doses of merc. dul., and the intestines with some saline cathartic, or preferably with compound liquorice powder. The action of the skin, also, is promoted by warm baths. To prevent intestinal fermentation, the patient is placed on an almost exclusively animal diet.

Following this scheme of ante-operative treatment, I think I have, after abdominal operations, less trouble from deficient kidney action—and I look upon uric acid poisoning as one of the principal renal complications incident to administering ether or opening the abdomen—and less gastric and intestinal disturbance, than I find recorded by many other abdominal surgeons.

Vaginal antisepsis, in the form of bichloride douches, is at the same time begun. After etherization, and before the patient is removed to the operating room, the vagina is thoroughly cleansed with soap and bichloride, and as a final step packed with iodoform gauze. If the os is not markedly degenerated, I consider curettage quite unnecessary, the cleansing being sufficient to insure asepsis.

Unless the vulva and vagina are much contracted, and usually the cases that justify this operation are accompanied with a torn perineum and enlarged vagina, I dispense with the use of a speculum, finding the instrument unnecessary and cumbersome during the operation. The vagina will open itself, if the patient's thighs are not too strongly flexed upon the abdomen, and this will be aided if an assistant, standing on either side, draws apart the labia with his hands. To gain room, I have sometimes been obliged to destroy the perineum, but this can be restored as a final step of the operation, and in no respect complicate or retard recovery.

The uterus being well dislocated by means of a strong, double tenaculum held in my left hand, with a straight bladed knife I separate the vaginal covering of the cervix down to cervical tissue. I then lay the knife aside, and with a pair of short, sharp pointed curved scissors, clip the uterus out of the broad ligament, and do not enter the peritoneal cavity until I open the posterior *cul de sac*, and separate the bladder from its uterine attachments.

If the clipping is done close to the uterus, no ligatures will be required on the uterine arteries, for up to this point there need be no hemorrhage to speak of, save, possibly, from the posterior vaginal artery, and that can be controlled by a running catgut suture, holding together the parietal peritoneum and vaginal wall.

My dissection has now reached the ovarian arteries and the Fallopian tubes, as they lie between the folds of the broad ligaments, and the uterus hangs suspended in the pelvis by these structures.

While it is perfectly possible to remove the entire uterus by continuing this same separation of peritoneal covering and vascular network, making the operation practically a bloodless one, I prefer, at this stage, to lay aside the scissors and to ligate both pedicles, for such we may now regard the parts that hold the uterus, with strong catgut encircling ligatures, leaving one end of each ligature hanging from the vagina. The uterus is then cut out with scissors.

The next step will illustrate my reason for tying the ovarian arteries and Fallopian tubes, and for not continuing the process of dissection with which I began the operation.

After assuring myself that there is no hernia of pelvic viscera in the vagina, I draw together and

tie the two ligatures already placed, and by so doing approximate and unite the several broad ligaments, each fragment of which contains what remains of its Fallopian tube, ovary and ovarian artery.

It will thus be seen that at one step, without the loss of time, and without the difficulties attendant upon picking up and sewing together the peritoneum, I am able to close the pelvic outlet, and to build a strong resisting wall against pressure from above.

You will here, very naturally, question me about drainage, and I will answer that I am becoming more and more skeptical concerning its usefulness. Unless there is something to remove from the abdomen that will prove injurious or that the peritoneum cannot digest, drainage is not called for, and its use, in so far as it is effectual, will retard recovery.

I say in so far as drainage is effectual, for it is probable that no method of draining the abdomen, however well carried out, continues for any length of time to drain more than a very limited area. For it has been shown, experimentally, that adhesive inflammation very soon closes about the abdominal end of the drainage tube, and thus shuts off the general cavity.

If, however, I desire to establish drainage after vaginal hysterectomy, I introduce a roll of iodoform gauze *behind* the bridge of tissue which I have built by uniting the broad ligaments. This can easily be accomplished, for the posterior *cul-de-sac* being larger, lower and more relaxed after the uterus is removed, than the anterior one, will readily admit of distension. On the contrary, the peritoneum here will fall together without delay, if not held apart.

Whether I use drainage or not, I pack the vagina loosely with iodoform gauze, which I remove easily and without giving the patient any pain, with the assistance of peroxide of hydrogen. This I inject in full strength, at the side of the drainage or packing, and they are quickly boiled out of place.

The manipulation differs but slightly when the adnexa are removed with the uterus. The ligatures are placed outside of the ovaries, nearer the pelvic reflection of the broad ligament peritoneum.

The convalescence from this operation is most satisfactory. No pyrexia, more than is due to mechanical causes, has been noted. The absence of suffering is a noteworthy feature; and after the first twelve hours, one not familiar with the clinical history of these cases, would be inclined to doubt that a severe operation had been so recently performed.

It goes without saying that the uterine displacement is removed with the operation, and the patients who have not for years been able to stand without intense suffering, who have been incapable of any active duties, are usually allowed to return to their homes, cured, in less than four weeks.

LIFE IN THE CELL.

By James A. Carmichael, M.D., New York.

CORTEX CEREBRI—MENTAL FORCE IN CORTICAL CELLS.—(CONTINUED).

We have suggested that molecular agitation of the cells and pyramids might be considered as one of the forceful energies needed for the evolution of the powers latent in these physical elements of the cortex, and that, as the agitation was active or passive, so would be the activity or passivity of mental manifestation. Equally does this apply to the cell structure of the brain and its appendages, wherever located, to the cell forces of the motor powers, to those of the special senses and those of general sensation. So, then, if our suggestion be admissible, motion or agitation, molecular or general, active or passive, gives the essential impulse to the operations of nervous force, of whatever kind or degree. The innumerable efforts made, and the interesting and satisfactory results obtained, by experimental physiology in cerebral localization, have amply illustrated the fact that by the application of an appropriate stimulus, the latent forces resident in a given area, however circumscribed, of the brain, will cause the manifestation of functional activity, and serve to locate, definitely and differentially, the portion or portions of the cerebral area whence such functional activity proceeds, as also the nature itself of the nervous cell-force that can generate and disseminate the power with which it is endowed. A brief sketch of the history of cerebral localization would be consistent with our purpose, and serve to illustrate the object in our present view, and it shall be as concise and pertinent as possible. By authority we are told that, up to the period of 1822, the idea of a distinctive localization of the functions of the brain does not seem to have attracted the minds, or engaged the speculative interest, of physiologists or anatomists. Thomas Hood in England, and after him Bouilland in France, called attention to the relations existing between the faculty of speech and disease of the frontal lobes of the brain. But not until 1861 was there any effort made to assign to language a more definite locality. This was done by Broca, and all are familiar with his specific localization in the left third frontal convolution. This opinion was affirmed and attested by numerous instances presented by him, and the affection known as aphasia is now intimately associated with his name. This may be said to be really the starting-point from which emanated the initial impetus that awakened the physiological mind to the penetrative investigation of the vast field of cerebral localization, and suggested curious inquiry into the meaning and purpose of every portion, however minute, of the brain and all associate nervous matter. All students of physiology, especially in its contempla-

tion of this part of the human organism, the interest and importance of which are inestimable, but unfortunately in so many respects still inexplicable and defiant of the most incisive scrutiny, are doubtless familiar with the labors of Hughlings-Jackson, of Meynert, of Hitzig and Fritsch, Ferrier, Munk, Horsley, Brown-Sèquard, Goltz, Charcot, Bernard, Flechsig, Edinger, Zucker, Kande and many others. The legitimate results of these labors, and the discoveries growing out of them, are constantly being seen, and their great value signalized by the contributions they are giving daily to cerebral pathology, and the application of the benefits of cerebral surgery in diseases hitherto supposed and believed to be beyond the power of relief by either medicine or surgery.

It is not within the scope of our present purpose to consider the several investigations of the explorers above enumerated in the field of cerebral localization seriatim, as that, of itself, would easily fill a volume, and would be only a repetition of what has been already been amply and ably done. We simply propose to continue our pursuit of the cell, and of the life that is in it, in certain of the localities of the brain which have been revealed by these busy and indefatigable workers and seekers for the solution of the mysteries heretofore hidden away in brain sulci, convolutions, ganglia, strata, fibres, etc.

As the localization of aphasia by Broca was among the first, if not the first, accepted fact in the great work of partitioning the area of the brain, and apportioning and defining certain limits within which certain brain faculties and forces had their habitat, and from which those forces were dispensed, we could not select, perhaps, a more notable example whereby cerebral local individualization could be illustrated. As is well known, and as its name imports, the word aphasia—*α* neg., and *φαινω* to speak—means simply the loss of the functional power of articulate speech. In considering this disease, and in view of the established fact of its cerebral localization, and also of the other familiar fact of the special instrument of articulate speech—the tongue—it becomes evident that there is an intimate association between the tongue and Broca's convolution, anatomically and physiologically, and because of disease in the one making its influence felt by the other, pathologically also. So then, in order to form a complete history of aphasia, it is necessary to investigate the why and wherefore of its existence, from the three standpoints of its anatomy, its physiology, and finally, its pathology. First, as to the physical anatomy, by whose normal physical agency articulate speech is given as the specially distinctive attribute of man. Let us begin with the primitive source whence the faculty of speech is derived. Broca has located it in the third frontal cerebral convolution. 'Tis true that this absolute localization by Broca has had its opponents, who claim that the power of articulate speech and of language necessitates the memory of the impressions produced upon the sensory portions of the brain by visual and auditory influences. There can be no question as to the force of these influences in imparting energy and articulate power to the completion and perfection of speech, and that speech is the instrumental agency whereby visual, auditory and cerebral impressions are manifested and utterance given to them and made intelligible by another instrumental agency, that of vocal sound, modulated and controlled by lingual influences. But it does not follow that Broca's localization is invalidated by the interposition of these accessory and supplemental agencies. The question before us to be decided is simply this: Given the destruction by disease of the left third frontal convolution, the other forces, visual, auditory and other auxiliary cerebral forces remaing intact, can the faculty of articulate speech be maintained in its normal integrity? We are told by authority that Broca "supported his position of locating aphasia in the left third frontal convolution by fourteen cases, in which aphasia was due to disease in that region."

In considering the brain as a whole, one paramount fact stands out in bold relief, and that is, that a compact unity is the organic law of cerebral organization. What is the corona radiata but an enmeshing web of nervous matter? What are the association fibres but a system of laminæ, strata and fibres innumerable, coursing here, there and everywhere, and holding in intimate communion and association every portion of the brain, however minute, and interlinking and interweaving indissolubly every other portion of nervous matter, however remote or distant? This fact is the continuous result of cerebral investigation and localization up to this very hour. One of the most distinguished of anatomists, Cruvelhier, said, long ago, "La continuité est la loi du systéme nerveux."—Continuity is the law of the nervous system. Do we not see this consentaneity showing itself by the mutual adjuvancy of functional force all over the body? Two optic thalami, four corpora quadrigemina, two optic nerves, and two retinæ, for the perfection of vision. A trinity of nerve force for that of olfaction; a dual agency for the blessing we enjoy through audition. And so we might go on enumerating other evidences of mutual contribution to functional activity and completion. Apply this contributary law to the faculty of speech. During the persistence of the association between Broca's convolution and the other powers we have named, voluble and uninterrupted speech continues. Is it so where disease and disintegration intervene to obstruct that association, and interpose the barrier of impotent and irresponsive nervous matter—no, not nervous matter, we are guilty of foolishness in so calling it—it is no longer nervous matter; it is inert, dead matter, to all intents and purposes, and rendered so by the destructive and paralyzing power of disease? Let's go a little deeper still, and ask what has been de-

stroyed and paralyzed. The answer would be, Broca's convolution. What is a convolution? The physiological interpretation of the convolutions of the brain is, as we know, that the area or surface of the brain may be enlarged and increased and involuted upon itself, like the leaves of a volume. But why has nature given to this wondrous instrument, or more properly, these wondrous instruments of the mind, the undulatory appearance of wave succeeding wave? Is it typical of the immeasurable expanse and unfathomable depths of the human intellect, as when we look upon a wide and boundless waste of waters? Is it that it might be a fit representative of the great Power that made it, and likened it unto Himself? The cultured and philosophic among the ancient Greeks and Romans inclined to monotheism. The Greek said: "*Ζευς εστιν ουρανος, Ζευς τε γη, Ζευς τοι παντα.*" God is in the heavens, God is upon the earth, God is everywhere, and in all things. Lucan, the Roman, subjoined, "Jupiter est quod cunque vides quocunque moveris."—God is in whatever thou seest, wherever thou goest—so must the mind of man be all comprehensive to approach the author of its being.

Now, let us question closely this one of the convolutions. It holds a mighty power—the power of speech—that sways the thoughts and hearts and hands of men; that can subdue to passive gentleness and obedience, or lash to fury and madness, and awaken the lust to kill. Sometimes it were well could Broca's convolution feel the withering mildew of aphasia, and speech be denied, as when with the moral principle weak to resist, ductile, reckless, and often defiant, the voluptuous whisper of a beautiful woman is heard farther than the trumpet call of duty. In that convolution there are pyramids and cells of subtle nervous matter, whose integrant elements are animated by substantia vivida. There's life there, and plenty of it, and it has to be born and come into the world, and proclaim its existence by intelligible and significant sounds. From "the infant, mewling and puking in the nurse's arms," to "the childish treble, the shrunk shank and the lean and slippered pantaloon" it will be heard, and only be stilled and silenced here when, like everything else, it is mortal, and must die. Let us now try and find our way from Broca's convolution to the tongue. It's a devious way, but if we don't lose it in brain mazes and tortuous windings we'll get there, and proclaim our arrival by the help of appropriate speech.

At this point we must beg of the reader a little indulgence in, perhaps, a somewhat tedious anatomical detail, but it is necessary to carry out the purpose of tracing the continuity of cell force from the nervous matter of the pyramids and cells of Broca's convolution to the tongue by the nerves that are distributed to that organ. From recent and highly distinguished authority we shall make copious extracts, in order to define clearly the *trajet* of the tract of nervous matter that connects Broca's convolution with the other nerve forces that control speech. In describing the motor speech tract, our author says: "We possess certain knowledge of a few points along this tract, viz., the point of origin in lower frontal convolution, the terminal point in the *facial and hypoglossal*—mark this connection—and between the two, a point outside the tail of the nucleus candatus. Apparently the tract passes somewhat toward the median line from Broca's convolution —third frontal—and pursues an almost horizontal course under the island of Reil, dorsad of the internal capsule. Its fibres then pass into the internal capsule, behind the motor tracts, and from there run to the crusta, a mass of fibres from the cortex of the hemisphere, called the crus cerebri or crusta. In the pons they must gradually pass up into the tegmentum—the name given to all that lies beneath the roof of the mid-brain.—Mittelhirn. Disturbances of speech have been observed in disease of all the above-mentioned points."

The above description is, of itself, sufficient to indicate the connection existing between speech localization in the convolution of Broca, and the active agents of articulate speech, the hypoglossal nerve and the tongue. But we are not satisfied with this alone. While the agencies of the tongue and the nerve might be considered as all essential to serve the faculty of speech, yet we beg to submit that there are other nerve forces, whose co-operative powers are in requisition, indirectly, if you like, to render lingual enunciation clear and distinct, and that give to speech its volubility and its impressive effect upon the ear of the hearer. The thoughtful interpreter of cerebral action as it is shown in the operations of the nerves that emanate from the brain—the cranial nerves—must be fully conscious of the co-operative harmony existing between these functional operations, although the power bestowed by any two given nerves may be essentially distinct and individual. For example, the two properties of sensation and motion are necessary to the functional operations of any given portions of the body. One is essentially complementary of the other, and the loss of one or the other involves the impairment of functional perfection. Paralysis of motion may occur from some intercurrent disease, and while it may not involve paralysis of sensation absolutely, yet a certain modification of the latter will be sufficiently apparent to indicate the close and intimate association existing between the two powers. In our former investigations upon "Nervous Matter, What Is It?" the reader of those articles will remember that we discussed these relations "in extenso," when viewing the nervous matter of the special senses. Let us apply this law of the dispensation of nerve force to the faculty of speech. Anatomy teaches us that the tongue is liberally supplied with every quality of nerve force. By the hypoglossal proper, the tongue receives motor impulses, and additionally, by its extra cranial associations, sensory power is superadded to the

lingual, as proved by Mayo, Magendie and others. We will simply enumerate currently the other nerve forces, all well-known to anatomists and physiologists. They are as follows: The special sense of taste by lingual nerve from trifacial, facial, by chorda tympani, glosso pharyngeal, sympathetic ganglionic impulses by submaxillary ganglion, and its influences upon buccal mucous membrane, parotid, insalivation, etc., so that directly and indirectly, the special power of articulate speech is amply endowed with every nerve force that can interpret every pyramid and cell force of Broca's convolution, whose functional duty it is, to generate and transmit that power, the impairment or absence of which constitutes the disease we started out to consider—aphasia. A little coup d'oeil of the multiple qualities of lingual power under the ministration and controlling supervision of these various cell and nerve forces, will serve to illustrate them in the full vigor of normal functional operation, as also the effect of any impediment to the transmission of their legitimate forces. Contrast the difference existing between the lofty eloquence of the impassioned orator as "ex pleno ore," his burning words fall upon the willing ears of his rapt audience, or the glib versatility of the fascinating raconteur, who holds men spell-bound as he repeats trippingly upon the tongue some wonderful story, one-half with just a modicum of truth, the other half lies out of whole cloth, but never mind, it serves his purpose, and as the glasses clink, and the "nunc vino pellite curas" of the Roman bard rises in song, he goes out in a blaze of glory, with the echo in his ear of

> "We've met, my jolly boys, to-day—
> Great nature's laws we must obey;
> And as she does the grape supply,
> Great nature's law is drink or die."

Contrast all this with the cruel embarrassment of the unhappy victim as he halts and stutters and stammers, in his vain and painful efforts at articulate speech. It would not be uninteresting to try and find out where the obstacle exists that causes this most distressing trouble. No doubt it is to be found somewhere between Broca's convolution and the tongue, and along the *trajet* of the speech motor tract that we have designated. The solution of continuity is in the cells of the convolution, the association fibres, the cells of origin of the hypoglossal or the nerve itself. We have recently seen an authenticated account of successful cure of this disorder. A German physiologist—Gutzmann—reports successful results in from eighty-four to eighty-seven per cent. of his pupils, and the complete cure of stuttering or stammering. His method is described as principally consisting of the slow and deliberate exercise or teaching of the organs of speech, and thus overcoming the difficulty. To us this would seem to be possible only when there is transient and remediable suspension of continuity in the speech motor tract somewhere. So, if there should be a stutterer or stammerer among our readers, who laments his imperfection of speech, let him take heart of grace and be comforted by the above. But this defect is not always a source of pain and embarrassment. Our recollection of the valued acquaintance of one of the most charming men that life has ever held for us is still fresh and clear, though he has long since joined the "great majority," and an endless list of other men would say the same thing. He was also one of the most remarkable wits this country ever produced, keen and incisive as the sword of Saladin. Like Yorick, "he was a fellow of infinite jest, that was wont to set the table in a roar." Between his third frontal convolution and his wonderful tongue, there was some interruption of continuity, and the bright and sparkling thoughts and fancies his cortex conceived, jostled and tumbled over each other in the mad rush to escape and give delight to his eager listeners. He shall be nameless, but no doubt he will be recognized, for his name and fame are household words. His quaint quips and quirks are as familiar as Dean Swift's, or the lamented Lincoln's, who, by the bye, no doubt, had a great many accredited to him, of which he was wholly innocent; 'tis to be hoped so, at any rate!

Generally speaking, stutterers suffer much from this misfortune; not so with the subject of this little sketch. It delighted him to tell stories upon himself referring to it, which, as may be supposed, infinitely increased the amusement of his hearers. Two of them occur to us, and we'll try and relieve the tedium of our long talk upon brain, nerves, etc., by repeating them. As he told this story, he stepped one day into the shop of a bird-fancier, and the spirit of fun, of which he was always full, took possession of him. A parrot, noted as being a remarkable talker, swung in a cage, but, as parrots often are, was obstinately silent, and no persuasion could induce him to talk. Our friend stammered and stuttered and sputtered at him, but all to no purpose. Poll sulked, and perhaps mangled an oath or two between his mandibles, as parrots will sometimes do. So he turned to the owner and said: "I w-w-wouldn't g-g-give a p-p-p-penny for your p-p-parrot. H-h-he c-c-c-can't t-t-t-talk." "Well," replied the man, "if he couldn't talk any better than you do, I would wring his —— neck!"

There's another story illustrative of his ready wit. Late one night, or rather early one morning, after one of his "noctes ambrosianæ" among his friends, he was creeping soberly and carefully to bed (didn't want to disturb anybody, you know) when his wife, a most excellent person, said: "Is that you, William?" "Y-y-yes, that's m-m-me. W-w-who d-d-did you ex-p-p-pect?" It would be both pleasing and instructive to pursue the effects of other diseases upon the speech motor track, as also the toxic influences of poisons, animal, vegetable and chemical, but we have reached the limit of journalistic privilege. To study mental diseases from their point of inception, the cortex of the brain, and trace them through the same tortuous paths we have pursued in the case of aphasia,

would indeed be a work replete with the most absorbing and remunerative interest. This, we believe to be the true way by which to reach the "fons et origo mali" of that most terrible of human afflictions, insanity.

OPERATION FOR MAMMARY TUMOR.*

By Wm. L. Rodman, M.D., Louisville, Ky.

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In lieu of a regular essay, I have concluded to exhibit this specimen and report the case, which is interesting in some respects.

Mrs. C., German, married, aged thirty-three years; mother of three children, eldest aged six years, the youngest two. She has had trouble with the right breast ever since marriage. The breast would become tender, more or less enlarged at different times, and she has never been able to nurse any of the three children from the right breast. She said that there was never any milk in that gland. She attributed the not infrequent attacks of tenderness, etc., etc., to repeated "colds" which she would take.

About four months ago the breast gave her a great deal of trouble, became considerably enlarged, and when sent to me two weeks ago by a medical friend, I found the skin blood red at two points, also fluctuation in these situations, and the entire gland, except at these two points, exceedingly tense and hard. I was well satisfied that the trouble was inflammatory, from the history of the case and the appearance of the breast. The appearance of the growth somewhat suggested sarcoma, but upon taking her temperature I found it 101° F.; it was taken several times within twenty-four hours and always found from one to two degrees above normal, so that I was satisfied the trouble was inflammatory and not neoplastic in character. Notwithstanding the fact that I believed it to be inflammatory, I unhesitatingly advised complete extirpation of the gland, for it was giving her a great deal of trouble. She told me that she had lost fifteen or twenty pounds of flesh in the last five or six months. In addition to the discomfort produced by the breast, she imagined herself the victim of malignant disease. So I thought that no other treatment was to be thought of.

I removed the entire breast, and did so in a way different from what I have ever done myself, or have ever seen or known to be practiced. Instead of making an elliptical incision extending from the sternum over to the axilla, I made a straight up and down elliptical incision. On account of the shape of the breast, I saw that it could be removed more readily by making such an incision, and that I could better approximate the lips of the wound. I was, by making this incision, able to bring the lips of the wound together very nicely, although a very large breast was removed. I found what I suspected, that there had been breaking down and suppuration at one or two points, but there was an exceedingly small amount of pus—not more than a teaspoonful at each suppurating focus. The breast was very hard, not unlike scirrhus, and was more vascular than any tumor that I have ever removed occupying this situation. The breast was given to Dr. Carl Weidner for microscopical examination and he was expected to be here to-night. I simply handed him the specimen without a history of the case, and I am rather surprised to find that he has made about as accurate a report as he could have done had the history of the case been given him. No doubt the macroscopic appearance of the breast aided him greatly. He says the specimen "indicates chronic mastitis of some years' duration, but no evidence of malignancy is found." Chronic mastitis very often produces an appearance which is very much like the ordinary fibroma of the breast, and is spoken of by some authorities as diffuse fibroma, yet there is no more reason why swellings of this kind should be called fibroma than the diffuse sclerosis of the cord in locomotor ataxia should be called a tumor. We understand a tumor to be an atypical structure not the result of inflammation.

In connection with this report I may be allowed to digress and speak of one or two conclusions arrived at from experience and a reasonable familiarity with the literature of the subject. There seems to have been a great deal of writing on this subject within the last few years. First, I think it is unfortunate that the nomenclature of tumors of the breast is in such an unsatisfactory state. Nearly all authorities agree as to the naming of malignant growths, but there are very few of them that unite in calling the different benign growths by the same name. Take the most common of all mammary tumors—the chronic benign tumor—Cooper denominates it chronic mammary tumor; Paget calls it mammary glandular tumor; it is the adeno-fibroma of Bilroth; the fibroma-adenoma of others; the fibroma of Gross, Cornil and Ranvier, Tabbe and Coyne, etc., etc.; the adenocele of Bryant, Cruveilheir and others; all refer to the same growth. Take each authority and you will find the same neoplasm described by a different name. You will find that in standard works there are at least a dozen different names for this form of tumor. I think this is very unfortunate, and believe these tumors should be named by the pathologist and not by the clinician.

Another point in regard to not only mammary growths but tumors elsewhere. Mr. Raymond Johnson, in a recent lecture delivered at the Royal College of Surgeons of England, has insisted upon the fact, and many others are with him, that more attention should be paid by surgeons to the gross or macroscopic appearance of a tumor at the time

* Stenographically reported for this journal by C. C. Mapes, of the Medico-Chirurgical Society, July 6, 1894.

of its removal, rather than depend solely upon the report of a microscopist, based upon the examination of a section of the growth taken at random. The history of the case, with the entire growth, should be given to the microscopist in all instances. It is an injustice to him not to do so. It is clear to my mind that the very best microscopist may often make mistakes if he only takes a section from the center of a growth without having seen the tumor as it originally appeared. For instance, you can generally tell whether a tumor be benign or malignant by the naked eye, if we remember the fact that benign tumors are always encapsulated, and malignant growths practically never are. The cancers are never encapsulated, but the small spindle and giant celled sarcomas may be so occasionally. With the naked eye one can tell whether the tumor is a diffuse outgrowth, or whether it begins at an isolated spot in the breast or other part of the body. So I believe that this evidence is at times more trustworthy than a microscopical examination of a section taken from some point of the tumor. I think, if you will always examine a tumor of the breast particularly, and determine whether it springs from the periphery of the gland or from its center, whether it grows from the upper or under surface, whether or not it is encapsulated, if it has contracted adhesions to the surrounding tissues, as the nipple and skin, you will really get as accurate an idea of its benignity or malignancy as you could by an examination under the microscope. I do not mean to under-estimate the value of the microscope, for I hold it to be the court of last resort. It is my practice never to remove a growth, however certain I may be as regards the nature of it, without having the opinion of a competent microscopist. While I believe that oftentimes too much reliance is placed upon the microscope, yet it is of undoubted value, and a means of diagnosis that we should always avail ourselves of. It is too seldom, I think, that you see a surgeon, after the operation is over, attempt to dissect out the growth to see whether or not it is encapsulated, undergone secondary change, or contracted adhesions to adjacent tissues. He simply sends a section to the microscopist and accepts his opinion without question.

Another point raised by Johnson—he is disposed to take exceptions to the generally accepted opinion that nearly all benign growths, not only of the breast, but of other portions of the body, are particularly prone to take on malignant change. Some authorities have contended that adenomata frequently undergo cancerous change. Johnson contradicts this, and says that no one has ever seen a pure adenoma bursting through its capsule, then proliferating and forming adhesions to the surrounding tissues. He states that he has never seen such a growth, and that no one has ever operated upon or reported such a case so far as he knows. He branches out, and states that this is not only his belief as regards adenomata of the breast, but of benign tumors in general, and that they very seldom take on malignant change, certainly not so often as is generally thought. One other point which has been much discussed in the various journals within the last month or two—the treatment of breast tumors. All authorities and operators are agreed as to the treatment of benign growths; further, all agree as to the treatment of malignant disease in the first stage, that is, before extensive adhesions have taken place to the skin and surrounding tissues, and before infiltration of the neighboring lymphatic glands of the axilla have taken place. Unfortunately, surgeons are not at all together when it comes to the treatment of advanced cases of malignant disease. They not only disagree most decidedly as to the mortality attending the more radical operations of invading the axilla and cleaning out all the enlarged glands, also removing other tissues which may have been invaded. I was reading only yesterday, a review of Sutton's work on tumors—a work by the way, which is the best I have ever seen—by Pilcher, in which he takes Sutton to task for his position.

Many authorities state that when you invade the axilla, you convert a comparatively simple operation into one which is exceedingly grave, the mortality of which is given by Sutton, Butlin and others, as being from twelve to fifteen per cent. In his review of Sutton's work, Pilcher makes the extraordinary statement that éreidement of the axilla does not add anything to the mortality. He would remove the great pectoral muscle, all the intervening lymphatic vessels between the breast and axilla, all the axillary lymphatic glands; in fact, even resecting portions of the veins, nerves and arteries in this space. A recent writer says the mortality in such cases should be not more than one per cent. When you read this statement, and then the statements of Butlin and Sutton, men who have devoted their life work to the study of malignant disease, and who place the mortality at twelve to fifteen per cent., one is made to realize the fact that—"Nothing lies more than figures, except tombstones."

DISCUSSION.

Dr. A. M. Cartledge: I have been very much interested in Dr. Rodman's remarks, but will only speak concerning the standpoint of treatment. First, in reference to the statement of Pilcher—I have his article but have not yet read it carefully—I believe that I have the right to question his statement, from the simple reason that I have never lost a single case where excision of the breast has been done, and I have invaded the axilla in every one, whether any enlarged glands could be detected or not. The most of my cases have been advanced, and as a consequence, the axillary glands were enlarged; I have removed all the lymphatic vessels in the axillary space, even cleaning out the axillary vein and sometimes the nerves. As I say I have never lost a case, therefore feel that I have the right to say from my

individual standpoint that I do think his statistics have gone too far, and that they will not hold good. However, I believe my mortality will be a great deal more than one per cent. when I reach one hundred cases. The statement that the mortality should not be over one per cent., coming from a man like Pilcher, who has done a great deal of this work, seems a little extraordinary. I believe that the mortality in removal of the breast will be more than one per cent. from surgical accidents, sepsis and hemorrhage, which are sometimes unavoidable. Sepsis is always a dangerous feature of breast operations. In my opinion the mortality is increased very little, if any, by invasion of the axilla. The danger of sepsis I believe is less when the axilla is opened than when it is not. We all know that drainage is much better when the axilla is opened, and for that very reason more cases will die of sepsis where the axilla is not invaded. One point in regard to the removal of the pectoral muscle: It seems to me the removal of this muscle is unnecessary, except in very advanced cases. We all know that in the great majority of instances while the growth may extend to the pectoral muscles, the muscle, not being a secreting structure, is usually not involved, and a thorough cleansing with knife and scissors is all that is needed. There is a point that I have practiced in the removal of the chain of lymphatic vessels which always runs direct from the growth into the axilla, that I think is worthy of being commended. Formerly I made an elliptical incision in the usual way, taking out the breast and tumor, then two incisions at an angle with each other, opening the axilla, removing the lymphatic vessels and lymphatic glands. A better plan and the one that I now follow is to make a very large elliptical incision, and remove the tumor, lymphatic vessels and glands *en masse*. However, it is sometimes necessary to modify the incision, according to the growth which is to be excised. I removed a tumor of the breast yesterday by the latter method. It is unfortunate, as Dr. Rodman says, that there is not more unity of views as regards the best manner of excision of the breast, but I believe total extirpation, thoroughly cleaning out the axilla, is fast gaining acceptance as being the more rational treatment. The serious question has been the leaving of such a large denuded surface. I operated upon one case where the denuded surface left was quite as large as a soup plate, no approximation could made, yet by careful cleansing and dressing it has entirely healed, and I believe there is less danger of contamination or infection than by the superficial method.

Dr. W. L. Rodman: I fully agree with what Dr. Cartledge has said about the accidents in operations upon tumors of the breast causing an additional mortality of one per cent. It has not been sixty days since I saw a gentleman open the axillary vein; of course it was done by accident. The patient died of septic phlebitis in a very short time. It is a very difficult thing to clean out the axilla in some of these cases where there are numerous and dense adhesions, and any one who has seen many of them realizes it fully. I am satisfied that the mortality cannot be less than five per cent., even in the hands of the very best operators. Butlin, who has had excellent results in operating upon mammary tumors, registers a mortality of five per cent. In forty breast cases that he reports, he had two deaths, one from tetanus and one from bronchitis or pneumonia, which came on within three weeks after the operation. There are a great many ways in which patients operated upon for mammary growths will die. I believe, further, that Dr. Cartledge is correct when he says there will not be very many more deaths from sepsis where the axilla is opened than where it is not, because better drainage can be secured. However, these patients do not die from sepsis as a rule; they die from shock and from hemorrhage. We can very readily understand this when we remember that malignant disease is so apt to occur in elderly persons who cannot withstand a prolonged surgical procedure. I do not think it necessary to invade the axilla in cases of sarcoma of the breast, because sarcomas, we know full well, generalize not by the lymphatic system but by the veins—the blood current—and there is little or no need in cleaning out the axilla in operating for sarcoma, because there will be no enlarged glands. I think, however, in all cases of carcinoma of the breast, whether there be any perceptibly enlarged glands or not, especially in women who are fat, that the axilla should always be invaded. Enlarged glands cannot be detected in any other way. I think Dr. Cartledge's method of removing the growth with the adjoining enlarged lymphatic glands all in one mass is excellent practice, and follow it myself. By doing this you remove not only the mammary gland, but the intervening lymphatic vessels and the lymphatic glands at the same time. It is important to do this, because even if you cut through the lymphatic vessels, cancer cells and juices will be liberated and the former may infect neighboring tissues. The juice does no harm. So I think it necessary, in order to get the best results, that the mass be removed all in one piece. This fortunately, can be done without difficulty as a rule, on account of the fact that the lymphatic glands of the axilla all lie at the inner wall, where there are no vessels and only one nerve of importance—the external respiratory nerve of Bell—hence a thorough dissection can be made without fear of doing damage. It is only in cases of the third degree, where the tissues are matted together, that danger of wounding large vessels and nerves is to be apprehended. I wish the gentlemen had said something concerning the treatment of chronic mastitis; I have removed two breasts for this condition within the last ninety days. I believe where there is long standing mastitis, which causes pain and reduces the woman in many ways, not only because of the physical discomfit she suffers, but on account of the fact that nearly all of them imagine them-

selves to be the victims of cancer, that thorough removal of the breast is the only treatment to be thought of.

Dr. J. A. Larrabee: At what time, considering the matter in the light of mortuary statistics, does the surgeon register his case as cured after removal of the breast, for malignant disease? That is, when does he consider the patient cured? Does he regard the case as cured, or report it as such, immediately after operation? Do I understand further that growths of the breast, tumors as they are called, cannot be regarded as malignant unless they start as such?

Dr. W. L. Rodman: Whenever a case is discharged from the hospital, say two or three weeks after operation, they are regarded as cured as far as the primary operation is concerned; but no person considers a case of cancer cured until the three year limit is passed. Until L. W. Gross published his work in 1880, it was generally admitted all over the world that if they passed two years they would probably be free from a recurrence. Gross reported a number of cases where the growth had returned between the second and third years, and in view of his teaching, the limit has been extended everywhere to three years. I read yesterday where Dr. Wyeth reports a case which had been immune for a period of seven years; then the growth returned, and he reported the woman as being moribund. This shows that even Gross' limit of three years is not enough. Wyeth reports the case in which a woman was operated upon by some one in England in 1886; she came to New York and he operated upon her in 1887; she was then free from a return of the trouble until the first part of this year, which would be seven years. Now she is dying from a recurrence of the growth. However, this is an unusual case, and if a man follows a case for three years and the trouble does not return, there is very reasonable assurance that it will never do so. In answer to the second question: It has been shown, and is taught by nearly all authorities, that any form of benign growth, even fatty tumor, as insignificant as it is, may take on malignant change. Benign growths are believed to often undergo malignant change and this teaching has been generally accepted. R. Johnson takes exception to this statement, and while he does not go so far as to state that benign growths never undergo malignant change, he thinks such instances are extremely rare. In proof of this, he says that benign growths are always encapsulated and have never been found breaking through their capsule—that is getting outside and invading neighboring tissues. He thinks that the generally received opinion that benign growths frequently undergo secondary or malignant change is incorrect.

—In the Vanderbilt Clinic the number of new patients last year was 89,564, and the total attendance 129,447. Both the Vanderbilt Clinic and the Sloan Maternity are utilized in the clinical instruction of the Medical Department of Columbia College, of which they form a part.

THE SPECIFIC ACTION OF DRUGS, AND NOT "SIMILIA SIMILIBUS CURANTER," NOR SYMPTOMATOLOGY, THE SCIENTIFIC BASIS OF THE LAW OF HOMEOPATHIC THERAPEUTICS.*

BY M. O. TERRY, M.D., UTICA, N. Y.

THE proving of remedies, by giving them in appreciable doses to healthy human beings, establishes the individuality of each of them, and such provings are of use in that they point out in no obscure manner the tissues and organs for which they have an affinity. Tissues and organs give out characteristic symptoms when diseased, and the same tissues and organs will give out the same cry when not diseased, when they happen to be connected by peripheral nerves with ganglia, or roots of nerves, which are receiving impressions from distant regions involved in functional or organic disturbances. "Similia similibus curanter" cannot be true, therefore, in a reflex difficulty, and symptomatology must be deceptive and unreliable. The law of specific medication, then, is only applicable in cases where the symptoms proceed directly from the part involved, as in pleuritis. For the numberless pains incident to spinal hyperæsthesia, which condition may be due to traumatism, or to a reflex disturbance from a diseased organ, the "indicated" remedy must ever prove futile. Such prescribing is not in accordance with the law promulgated by Hahnemann, for the proving of remedies indicates their specific action, and a reflexed condition, although apparently within the limits of the law, is not as already shown.

The practice of medicine to-day is being directed to its proper channel, namely, the removing of the causes of symptoms. Hereafter, we shall consider symptoms not so much as indicating certain remedies, but as a peripheral line to be taken up and traced, like the thread of Thesesus, into the subterranean cavern, following it to its root, and from thence into the various branches of a given plexus or ganglia, for the cause of the reflexed pain, if such it be. Homœopathy is not "Similia similibus curanter," symptomatology, nor small doses, but a law having a scientific basis, from the fact that each remedy has a specific action on certain tissues and organs in the animal economy. When morbid conditions have been found to exist and the causes removed, remedies, given in appreciable doses, will usually produce favorable results.

In order to illustrate the superior importance of an accurate diagnosis and of removing the cause of diseased conditions, in preference to an aim in view of a careful selection of a remedy, I will append the following:

"A case of chronic ovaritis, in which douching of the uterine cavity, and the osmotic effects of gauze packing, cured the case speedily," was of

* Read at the National Association of Orificial Surgeons, at Chicago, September 5, 1894.

great interest to me lately, in view of the fact that the case had been examined carefully by a surgeon of more than the average ability and of considerable experience in abdominal surgery. Mrs. B., aged thirty, had suffered with pain in the left ovary for many weeks. The surgeon called in consultation stated that nothing but the removal of the ovary would give her relief. I was consulted after this opinion, and found the following condition: There was intense hyperæsthesia of the abdomen; even her clothing could hardly be tolerated, while the discharge from the uterus was prurulent and profuse. Without the prestige of having read of an anomalous case for treatment which her condition suggested, I stated I thought it would be much better surgery to place the uterus in a healthy condition before removing the ovary. I furthermore stated that if the discharge had not produced a too advanced pathological change, that the method I had suggested would drain the Fallopian tube of purulent secretion, and, possibly, the ovary would be saved. This was done, and the woman was well in two weeks. At the hospital she was douched with bromine, 1 to 100 solution, using half an ounce of the solution to two quarts of water as warm as could be borne, to which was added a sufficient quantity of bicarbonate of soda to make the solution slippery, as this would facilitate the removal of the discharge. The douche tube had a double cannular for the return flow of water, and the uterus was packed with iodoform gauze. For five days she was treated in this way, and then the packing was discontinued. The character of the discharge having entirely changed, I simply ordered the vaginal douches to be kept up until nothing unnatural appeared in the water. The speculum in this case gave me the keynote to the situation, showing me the character of the discharge. She was much relieved after the first douching, and the ovarian pain and the hyperæsthesia of the abdomen disappeared after three days, and she has remained well up to date, an interval of six months.

Case II.—A youth of eight years of age was brought to me, having been under a throat specialist for many months for a catarrhal difficulty. As no improvement had resulted I was asked to prescribe. Inasmuch as the old school physician who had treated him had received instructions abroad I declined to prescribe for the boy, as first requested, until I had investigated his case personally. My first observation was that only one side of the nose was discharging; that there was an eruption produced by the ichorous character of the discharge, and that the boy looked well in every other way. A nasal speculum soon revealed a foreign substance, which proved to be a corroded shoe button firmly fixed and well down into the nasal cavity.

Case III.—A woman, sixty years of age, was taken with severe pains, neuralgic in character, extending across the epigastrium. She stated to her physician there was no pain elsewhere, and he made no examination to ascertain if there were any complications. His prescription was the hypodermic injection of morphine, which he gave, and at the same time lauded its wonderful properties. After three days of this treatment he was discharged, and I took charge of the case. I made a careful examination of the abdomen, notwithstanding the repeated assertions that there was no pain or trouble there. Pressure over the McBurney spot soon revealed the cause of the continued neuralgic pain, for it increased it in the epigastrium, much to the patient's surprise. Added to this there was a noticeable impaction. I assured her that without morphine she would be relieved greatly by the morrow. Oiled poultices, cathartic medicine and sweet oil produced the desired result, and within three days the temperature, which had been 100½°, dropped to the normal point, and I discontinued my visits.

Although at a first reading of this paper this Society may question the propriety of my presenting it at its meeting, but a moment's thought, I think, will be quite sufficient to show that it is in line with the working of the organization.

I have deferred for the summing up the statement that without a knowledge of the principles of orificial surgery, this paper could not have been written. Rejoicing as I do, in the possession of the facts in regard to the action of remedies applied in accordance with the law which Hahnemann has given us, I am fully as grateful to Pratt, the father of orificial surgery, for the teachings of reflexes in this special work. It has shown me the utter folly of studying carefully symptomatology. His researches and the practical results obtained in his work have furthermore shown me the importance of looking for the causes, especially of nerve tracing, as the course to be pursued.

The three cases which I have presented all deal with orifices; and let me ask the question: "Would it have been scientific or rational, and would the carefully selected indicated remedy have cured my patients?"

I have more respect for Homœopathy than ever before, for having cast out its superstitions, its delusions and uncertainties; its place is definite, and, in well selected cases, accurate and superior to any other mode of practice.

It gives me great pleasure, and I esteem it an honor, to proclaim the revolution which orificial principles have wrought on the medical practice of the nineteenth century, and to mention the name of that self-sacrificing, painstaking instructor and the true friend of humanity, Prof. E. H. Pratt, as deserving all the honor which the profession at large can bestow.

—Surgeon Park, of the Emin Pasha relief expedition, said that he saw more cases of sunstroke during a field day at Aldershot than during his seven years' medical experience in Africa. The immunity he attributed to the use of precautionary measures, the most important of which is an abstinence from alcohol.

CLINIQUE.

PARALYSIS FACIALIS.*

DR. W. O. ROBERTS: Two weeks ago, this young man, while driving in a dog-cart, his horse fell, and he was thrown out, striking his head on the pavement. He was unconscious for fifteen minutes. After regaining consciousness he was taken home in a carriage, and had considerable hemorrhage from the ear. The hemorrhage kept up not continuously, but at intervals, for forty-eight hours; there was not, succeeding the hemorrhage, any watery discharge from the ear. Tuesday following the accident facial paralysis was first noticed. I had him come here to-night, because I thought it was a case that would be of interest to the specialist. He evidently has either a fracture through the temporal bone, involving the canal through which the nerve passes, or a clot, or inflammatory product. The accident occurred on Friday and facial paralysis developed the following Tuesday. All that was done in the way of treatment was during the time the hemorrhage was going on; the ear was thoroughly irrigated with hot water, with a view of stopping the blood. Since then it has been frequently irrigated, because, while there was little or no discharge from the ear, it was quite offensive. Dr. Ray has examined the case, and can tell us the condition in which he found the canal.

Dr. J. M. Ray: Dr. Roberts kindly asked me to see this patient on Wednesday following the accident. I examined first his ear by the speculum; found the roof of the canal had been pushed down. The surface of the drum membrane was covered with blood, which had become dry. There was no discharge from the ear. As far as his hearing powers were concerned, air conduction was destroyed, but he could hear the tuning-fork by bone; this, I think, demonstrates the fact that the internal or nervous portion of the ear is not involved. Therefore, there is a fracture probably extending through the roof of the canal, and through the membrana tympani into the roof of the middle ear, involving the Fallopian canal. The question, of course, comes up as to whether the paralysis is due to fracture and pressure by a spicula of bone upon the nerve, or whether it is due to hemorrhage? The prognosis, to a certain extent, also depends upon that. I have seen several cases of this kind, which recovered very promptly. Fractures through the temporal bone are, I think, quite common in head injuries; Dr. Vance will recall a case that we saw some time ago. I reported the case at the time, and looked up statistics on the subject, and found there was quite a variety of opinion, some authorities claiming that the fracture did not involve the roof of the middle ear unless there was escape of the cerebro-spinal fluid, others claiming that frequently there is no escape of fluid. Buck reports cases where there was no escape of fluid and very little hemorrhage. Fractures through the middle ear cavity, and even fractures about the base, are quite frequently overlooked. I have seen several cases of head injuries where there was paralysis of different muscles; Dr. Vance will remember the case of a child I saw with him, where there was paralysis of the sixth nerve from head injury, and at the same time enormous retinal hemorrhages. The child recovered very promptly.

Dr. S. G. Dabney: It would seem to me that from the paralysis coming on three or four days after the injury, the case should be regarded as more hopeful. If there was a fracture and pressure of a spicula of bone on the nerve, we would naturally expect paralysis to have taken place immediately. Ruptures of the drum membrane from falls or blows on the ear are not rare. This spring I saw one produced by a snow-ball hitting the ear. I have seen several cases similar to the one shown to-night, but without the facial paralysis; I do not remember to have seen one having that feature. I remember one case resulting from a child sliding down the bannisters, falling at the bottom and striking the head. There was unconsciousness for some time, and later there was quite a free discharge of blood, without any watery discharge from the ear. There was a rupture of the drum membrane, with some disturbance of gait, and later some disturbance of sight of the same side. Taking into consideration the disturbance of sight led me to make an ophthalmoscopic examination in that case, and I found the retinal veins of the corresponding eye considerably engorged. All the symptoms disappeared in a few weeks, the drum membrane healed, and the hearing was good, though never quite perfect.

Dr. Wm. Cheatham: It seems to me that what Dr. Dabney says about the case shown by Dr. Roberts is about correct. The paralysis coming on so late leads me to believe that it is most likely from swelling, and not from pressure of a spicula of bone. My experience has been in these cases of paralysis that they get well, but that they are a long time doing so. I have seen them as long as three years making a satisfactory recovery, especially where the eye muscles have been involved. In a great many cases there is some general disease of the nervous system, which should be taken into consideration in making a prognosis.

Dr. Turner Anderson: I associate this case with Bell's paralysis, the result of trauma, very similar to the condition that we observe in forceps applications, where the momentary depression of the mastoid process is such as to permit undue pressure upon the nerve as it passes through the canal.

Dr. J. W. Irwin: Two or three years ago I saw a boy sixteen years old who had been struck by a sixteen pound iron ball on the frontal os; he was knocked senseless. I saw the patient five hours after receipt of the injury and he had some bleeding from the ear, followed by a straw colored dis-

* From report Louisville Medico-Chirurgical Society, May, 1894. (Stenographically reported by C. C. Mapes.)

charge—serum. There was no paralysis attending the injury. I think very likely in Dr. Roberts' case the diagnosis is correct, and I believe the trouble is due to inflammatory effusion. Whether there is a fracture or not, no one can tell.

Dr. H. A. Cottell: About the only question arising in the case is the location of the hemorrhage; the probabilities are that the trouble is due to pressure upon the facial nerve, the result of inflammatory action, as Dr. Anderson suggests. It is possible, however, that the condition is purely hemorrhagic. You can indulge in almost any number of theories as to the cause, but one thing is certain; there is pressure upon the nerve in the Fallopian canal. I should say the prognosis is favorable in such a case; about as favorable as it usually is in Bell's palsy. It is well-known that Bell's palsy is originally a traumatic palsy. The way the disease came to be called "Bell's palsy," was by virtue of the fact that Sir Charles Bell attempted to relieve a very severe facial neuralgia (before the function of the fifth and seventh nerves were discovered) by incising the seventh nerve. This produced complete paralysis. Bell's palsy was therefore originally a traumatic palsy. We know that in ninety-nine cases out of a hundred of Bell's palsy (paralysis of the facial muscles) the trouble is in the Fallopian canal; the facial nerve in going from the internal auditory meatus to the stylo-mastoid foramen traverses a certain part of the petrous portion of the temporal bone, and any trouble—be it congestive, traumatic, inflammatory or whatever it may be—causing pressure upon the nerve in that region will produce what we call facial paralysis. If all the muscles are involved, we know that the trouble is peripheral; if there is involvement of only a few of the muscles, we know the trouble is central. The majority of cases completely recover. In the case before us I should incline to make a favorable prognosis, but I believe electro-therapy is indicated in the case.

Dr. T. S. Bullock: In the character of cases referred to by Dr. Anderson, my experience is that they all make a complete recovery inside of a month's time.

TUMOR OF THE MAMMARY GLAND—OPERATION.

Dr. W. L. Rodman: This specimen is the left mammary gland removed from a young woman, married, twenty-seven years of age, kindly referred to me by Dr. Goslee, of Carrollton, Ky. She gave the history of having borne one child, aged three years, which was nursed for eighteen months. Shortly before Christmas last she noticed a small hard lump about two inches above the left nipple. It was painful from the first, but grew more so gradually. Her general health, I may say, was not good, and an examination of her urine showed quite a perceptible amount of albumen. This made me hesitate as to whether or not I should remove the tumor, but, on account of the fact that it was causing her considerable pain, and the mental distress was very great on account of the presence of the growth, I thought it wise to remove the gland. I did so one week ago last Wednesday, removing the entire organ, as I believe that to be the only treatment for any form of neoplasm of the breast, whether benign or malignant. I may say that I thought before the operation that this tumor was probably benign, notwithstanding the fact that she had complained of considerable pain. It has not yet been microscopically examined, but this will be done in the course of the next few days and I will make a further report. I take it to be a fibroma. Fibromas of the mammary gland are sometimes attended with pain, just as they are in other situations. The axilla was not invaded, as I thought the growth was benign. The mammary gland was removed in its entirety, an elliptical incision eleven or twelve inches long being made. In changing the dressings yesterday, I found that the wound from end to end had healed completely, without a single drop of pus. I gave chloroform, and administered a very small quantity of it, removing the breast very rapidly, so as not to damage the kidneys more than they already were.

DISCUSSION.

Dr. H. A. Cottell: Cases of neoplasm of the breast are always interesting to me, because of the fact that the first case I ever saw, which occurred fifteen years ago, in the practice of Dr. E. R. Palmer, in the person of a darky girl, both breasts enormously enlarged. Under treatment non-surgical, those breasts were soon reduced to the normal condition. I remember the case very distinctly, and know the darky to-day, and she has raised quite a family of children. The condition was always a mystery to me. The mammary glands are normal to-day. Of course, we may have any sort of neoplasm of the breast—sarcoma, carcinoma, epithelioma, endothelioma, etc., and we may have fibroma, adenoma, or simply an inflammatory condition which we may call hyperplasia. A great many cases of mammary tumor which are condemned to the surgeon's knife I am satisfied are simply the result of an inflammatory action following an abscess. The worst case of neoplasm of the breast that I ever saw, which progressed most rapidly, which proved to be malignant, returning after operation to destroy the woman's life, was under the microscope purely an adenoma; under the most careful examination it was impossible to make out any species of cancer. While we are on the subject of carcinoma, etc., I recall some statements I made about seventeen years ago which will bear a repetition: When you come to the question of cancer, you are never sure that the tumor you are dealing with is malignant or non-malignant in character, until you can demonstrate infiltration into the surrounding structures. For instance, you take a pure epithelioma beginning in the rectum, or a cancer of the bowel, and it is to all intents and purposes a normal structure until it has broken loose and begins to infiltrate into the surrounding structures. It is a common thing in demonstrating pure epithelioma, to show students a normal section of the rectum, then afterward show them what is called

cylindrical epithelioma, and no distinction can be made until the muscular coat of the bowel, the peritoneum or surrounding organs have been invaded by the disease.

Dr. W. L. Rodman: How many specimens of pure adenoma of the breast have you examined microscopically?

Dr. H. A. Cottell: I do not recall, of course, the exact number, but perhaps a dozen.

Dr. W. L. Rodman: Gross, in his book on tumors of the mammary gland, says that he never saw but one case of pure adenoma of the mammary gland—fibro adenomas are more common. Bryant called them adenoceles.

Dr. H. A. Cottell: If you insist upon *pure adenoma*, it may make some little difference. Of course, I referred to the cases usually denominated adenoma, and it is a fact that a great many of these cases do occur. I have a case that I would like to report, which, as far as my experience is concerned, is rather unique. A boy aged six years was brought to my office to-day, who in climbing a ladder carrying a bag in a difficult position discovered when he came down from the ladder that he was weak and out of fix. This happened a week ago. He went into the house and told his mother that something had happened to him, that he had hurt himself in some way. She told him to go upstairs and go to bed, that she thought he would be all right shortly. He found it very difficult to get upstairs. In a few hours he came down, crawling on his hands and knees. The condition of the boy is peculiar; he has complete paralysis of the left leg, involving the muscles of the hip, muscles of the back below a certain line below the dorsal region, incontinence of urine; everything below that totally paralyzed. I suppose we would call it *quartoplegia*—it is not hemiplegia and not paraplegia. The right limb is in perfect condition. By the use of electricity, the reaction of degeneration is not marked.

I report the case because I want some light thrown upon it if possible. I am of the opinion that it is a case of spinal hemorrhage; it is certainly peculiar that it should so have affected the spinal cord. The boy's temperature and pulse are normal. There are no symptoms of any kind, except complete loss of both motion and sensation in the left leg, and incontinence of urine. The patient was referred to me by a physician in the country. I suggested that the case be put upon iodide of potassium and ergot for two weeks, with instructions that the result be reported to me at that time. I take it to be a case of limited spinal hemorrhage. We all know very well that certain violent, straining exercise, certain things which twist the spinal cord, may produce hemorrhage.

—It has been found that the recent epidemic of typhoid fever in Montclair, N. J., arose from four wells, which have been ordered closed. In all these wells the typhoid bacilli was found.

A NEW TREATMENT FOR CANCEROUS AFFECTIONS.*

BY JAMES STRATTON CARPENTER, A. M., M.D., POTTSVILLE, PA.

* * * As finally arrived at and continued at the present time, the treatment was described to me as follows: The two drugs used are the pokeweed (Phytolacca decandra) and the yellow-dock (Rumex crispus), fluid extracts of each being employed in the following proportions: One fluid ounce of the extract of yellow-dock was added to nine of water; then one drachm of the extract of pokeroot was added to twenty drachms of water, and of this second mixture the patient added a quarter of a teaspoonful to the mixture containing the yellow-dock, the dose of which was two tablespoonfuls three times a day. In addition to the internal treatment a salve was prepared from the fluid extracts, applications of which were made night and morning to the growth on the arm. The strength of the ointment was in accordance with the following formula:

℞	Ext. Poke root, Fl.,	ʒ j
	" Yellow-dock,	ʒ ij
	Cerae Flav.,	ʒ j
	Adipis Benzoat,	ʒ iij

Ft. Unguentum.

In cases of cancerous affection where there has been ulceration of the cutaneous surface the pokeweed must be omitted from the ointment. The tolerance of the pokeweed is stated to be very different with different patients, but the incipient dose should not exceed two drops of the fluid extract, even that dose producing most unpleasant symptoms in susceptible persons. Coffee is said to be the best antidote in case the toxic effects of the drug are manifested, and one of the injunctions laid upon the person undertaking the treatment is strict abstinence from that beverage during its continuance.

From the history, we may, I think, draw the following conclusions, based upon clinical facts and personal observation:

1. This patient was operated upon originally for a sarcomatous growth, and the entire right breast removed.

2. Subsequent to the operation, and synchronous with a recurrence of the sarcomatous growth in the wound of operation, a number of growths appeared in the right arm, which from all the evidence obtainable, and lacking only microscopical examination, were of a malignant character.

3. That subsequent to a certain course of treatment pursued by the patient, in defiance of the best surgical opinion attainable, there was a complete disappearance of the recurrent disease from the cicatrix, and an almost entire subsidence of the disease in the arm, which bids fair to be entirely cured by a continuance of the treatment described.

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*An excerpt. Read before the Schuylkill County Medical Society.

4. That if the objection be made to the effect of these drugs upon the brachial growths, that positive evidence of their malignant character was wanting, we may assert an equally curative effect was exerted upon the recurrent affection of the breast, about whose malignancy there is no dispute.

Should not these facts, then, lead to an employment of these remedies in the treatment of all cancerous affections, with the object of ascertaining their true value as remedies for this dread disease?

CORRESPONDENCE.

MESSRS. EDITORS:

Gentlemen: In the inclosed clipping from the address of Prof. Schäfer, before the British Association for the Advancement of Science, I find such a restatement of the idea so clearly brought out by Prof. Carmichael, in his articles on cell life in your journal, which have attracted such wide attention, that I send it to you, thinking it will be of interest to your readers, as showing the trend of modern thought upon the processes of life. M. W.

DEEPER INTO THE UNKNOWN.

SOMETHING DISCOVERED NEARER TO THE FIRST PRINCIPLE OF LIFE THAN THE CELL—THE INFINITESIMAL "PARTICLE" THAT RULES IT.

From Prof. E. A. Shäfer's Address Before the British Association for the Advancement of Science.

"I will now invite you to consider with me one or two of the more obscure subjects in the range of physiology, subjects which are, however, creating a great, almost an absorbing interest at the present moment. The first of these subjects relates to the structure and function of every cell in the body. All are aware that the body of every animal and of every plant is made up of minute corpuscles which are formed of protoplasm, and which contain in every case at least one nucleus. The protoplasm and the nucleus form the living substance of the cell. Other substances may be present, but they are, in a sense, outside the nucleus and protoplasm, not incorporated with their substance. Apart from a few details relating to the structure of the nucleus, this was, until quite lately, practically all that we knew regarding the parts composing either the animal or the vegetable cell. There appears, however, to be yet another something which, although in point of size is of very insignificant dimensions, yet in point of function may perhaps be looked upon as transcending in importance, in some respects, both the protoplasm and the nucleus. Not many years ago it was noticed by various observers that in certain specialized animal cells the protoplasm showed a tendency to radiate from or converge toward a particular point, and on further investigation it was found that at this point there was a minute particle. This observation, which began, as we have seen, upon specialized cells, was, after a little while, found to hold good for other and yet other cells, until, at the present time, we believe that in every cell of the animal or plant body such a particle exists.

"Now, it may well be asked: Why, after all, should so great importance be attached to this observation? To this it may be replied that, in the first place, it is of importance because it shows conclusively that the whole cell is not of a uniform nature, since there is this one point within the cell that exerts a special attraction upon the rest of the cell substance; and indeed, on this account the particle has come to be termed the 'attraction particle.' And in the second place, because of the apparent universality of the occurrence of such a particle. And thirdly, because of the fact that one of the most important phenomena exhibited by the cell hinges upon the behavior of this particle; for it is found that before a cell or its nucleus divides, this minute attraction particle begins by itself dividing, and is, in fact, more commonly met with double than single. Nor is it until the two particles thus produced have evolved, either from themselves or from the substance of the protoplasm or nucleus, a system of communicating fibres, the so-called achromatic spindle, that those changes in the nucleus and protoplasm take place which produce the division and multiplication of the cell. This attraction particle, which is also called the central particle or centrosome, has absorbed so great an interest, that short as is its history, many papers have already been devoted mainly to it, the latest of these being an elaborate treatise of some three hundred pages by Martin Heidenhain. I shall not here attempt to follow out the details of all these researches, but will be satisfied with putting before you the conclusion which Heidenhain has come to regarding this particle, viz., 'that it is morphologically, physiologically and chemically a structure *sui generis*; not merely a separate portion of nucleus or protoplasm, but an organ of the cell with definite functions, and having a definite existence of its own.' Nevertheless, it is almost as minute an object as it is possible to conceive. In a cell which is magnified a thousand diameters the central particle appears merely the size of a pin-point. Yet this almost infinitely small object exerts an extraordinary influence over the whole cell (and the cell may be many thousand times its size); for it initiates and directs those processes which result in the multiplication of the cell, and indirectly, therefore, it is concerned in directing the general growth of the individual, and ultimately the propagation of the species."

[The readers of the TIMES will remember that in the July number Dr. Carmichael called special attention to the multiplication and division of the cell, in these words: "We left the fecundated ovum, with its burden of life, ready to start on its way wombward. Before it emerges from the ovary, let us recall, for a moment, what it is, and of what it consists. To simplify it, and to avoid too much anatomical verbiage, the ovum is a cell, or capsule inclosing many cells. These last constitute its vitellus, and each cell of the vitellus has been vivified by spermatozoid impregnation. The ovum undergoes several changes as respects its contents, soon after fecundation occurs. The change that especially interests our present inquiry is that which is called by Haeckel, 'The segmentation of the vitellus,' by which is designated *its subdivision into a large number of cells*, and to which the name of blastodermic cells has been given. These are of special importance, *because they are the true agents of organization*, and their subsequent development into blastodermic layers *constitute the primary vitagenic cell operations*, or, more properly, operators, to which are confided the construction and perfected completion of the fœtal body while yet in utero." There are many other features of Dr. C.'s article that illustrate the position taken by Prof. Shäfer, and considerably in advance of his lecture before the British Academy of Sciences.—ED.]

UNIQUE CASE.

Editors MEDICAL TIMES:

If there is any one case of obstetrics we dread, and which makes us feel anxious both for our patient and our reputation, I presume it is one of placenta previa, and especially a complete one. More than my share of these cases has fallen to my lot, I having attended three cases of complete placenta previa in seven hundred and sixty-four cases of confinement.

On Aug. 2, 1894, I was called to Mrs. S——, aged forty-two, multipara, and diagnosed her case as one of placenta previa, from spongy feeling of os uteri, and con-

siderable hemorrhage, which was controlled by ergot and tamponing. On August 19th was called, and found patient in semi-comatose condition, due to terrific hemorrhage, and hastened to deliver placenta, which was accomplished with considerable difficulty, after which I used forceps to deliver a male child weighing twelve pounds, which was dead. The patient recovered nicely from the anæmia due to hemorrhage, and on August 20th found her in good condition. On August 21st patient acquainted me with the fact that "I had left a portion of afterbirth in her and she had passed it." I then informed her that I knew a physician not many miles distant that had left the entire placenta in utero, stating it was a twin—like an ignorant alderman of a city board who were building a park, and with its lake it was proposed that they have six or eight gondolas, when he remarked that they had best get a male and female and let nature take its course—that a brother physician extracted it twenty-four hours afterward, and that I had never been guilty of leaving any placental tissue in utero unless it was adherent, and possibly shreds might be left. Her reason for thinking such was the case was cleared up by the nurse, who presented me with a mole (quoted by Professor Thomas, not being an elegant appellation for it, but in use for such a length of time that we could not discard it). It proved to be a uterine hydatid (cystic degeneration of chorion). The os uteri closed directly after birth, and as I found placenta entire was satisfied that uterus was empty. I should like to learn from either contributors or readers of the TIMES if they have known that the chorion had been retained and degenerated in case of placenta previa and birth at full term.

J. E. MOITH, M.D.

Fishkill on Hudson, N. Y.

Hernia in Children.—Wirt (*International Medical Magazine*, February, 1894), in an excellent contribution on hernia, gives the following table of the relative frequency of the different forms of hernia, as found in 19,756 cases treated in the Hospital for Ruptured and Crippled, New York City:

	No. Cases.	Male.	Female.	Under 14.	Right.	Left.	Double.
Inguinal	16864	14944	1870	4348	7806	4375	4686
Umbilical	1488	569	919	789	....	..	....
Femoral	1135	418	717	26	700	379	56
Ventral	269	95	174	13	...	....	....
Total.....	19756	16076	3680	5176	8506	4754	....

He classifies treatment under three heads: 1. General treatment; 2. Mechanical support; 3. Operative measures.

General treatment is directed toward the relief of the conditions causing the hernia, as vomiting, coughing, calculus, a rectal polypus, or chronic diarrhœa, or when necessary, to tonic treatment, outdoor exercise, etc.

Mechanical treatment, as given in the Hospital for Ruptured and Crippled, consists in using a steel spring truss for all reducible cases except umbilical and ventral. The Knight truss is used most, and is efficient and cheap. In cases difficult to hold, the Hood truss is employed, and in the worst cases a combination of the Knight and Hood.

Umbilical herniæ are treated by means of a wooden button, held in place by rubber adhesive plaster.

Operation for hernia requires strict antiseptic precautions, great care in dissecting out the sac and handling of the spermatic cord. The sac should be tied off well down in the wound, the external portion removed, and the stump returned into the abdominal cavity. The wound should be closed and dressed antiseptically, and over all a plaster-of-Paris spica should be applied from ankle to umbilicus. The casing should be removed in eight days and the wound then dressed.

THE TREATMENT OF TYPHOID FEVER.

Dr. Elmer Lee, of Chicago, says: "A half tablespoonful of hydrozone is added to each glass of water. It is the best and most simple remedy that can be given that is likely to be of benefit in helping to cure typhoid fever. Continued for a few days, it is then laid aside for a few days and glycozone substituted in its place, both as a relief to the patient and for the beneficial effect of the remedy itself. And so on in this way the two remedies are alternated, which is found by me to be the best arrangement for administering these valuable antiseptics. The preparation, glycozone, is chemically pure, redistilled glycerine, in which ozone, or concentrated oxygen has been incorporated, and can be taken with as much freedom and safety as pure glycerine. The glycozone may be taken in doses of half a tablespoonful to a glass of water as often as water is taken during the day. When it is desired to allay nervousness and induce sleep at night, sulphate of codeine is used, in doses of from one-half to one grain, by the mouth, or one-quarter to one-half grain by the hypodermic method. This remedy tranquilizes the nervous system and induces sleep, and should be administered at night.

"Remedies: Hydrozone and glycozone, for the antiseptic effect of the oxygen which is set free in the stomach and intestines. But to be of real value, these remedies are to be taken in considerable quantity, largely diluted with water, else, in my opinion, they are of little use. The capacity of the bowels is so great that a little of anything cannot spread over enough of this enormous area to affect it beneficially. Cleanliness is the principle governing the use of hydrozone and glycozone.

"The use of peroxide of hydrogen as an internal remedy has been widely opposed by some of my patients, owing to the disagreeable metallic taste. This objection was partly obviated by the use of large dilution with water, but still not to my entire satisfaction.

"Since reading the foregoing paper, a new antiseptic remedy called 'hydrozone' has been received and examined already sufficiently, to promise relief from the objections against peroxide of hydrogen for internal use. Hydrozone has now been substituted by me instead of peroxide of hydrogen.

"First, on account of its greater bactericide power, as it requires but half the quantity of the hydrozone to obtain the same result, and secondly, the taste of this remedy is not disagreeable to the patient."

[Eucalyptol should not be forgotten; give in from five to ten drop doses.—ED.]

Death As It Is.—Perhaps the most common mistake of the lay mind is the association of the dramatic with the conception of death. Says Dr. Cyrus Edson, in *North American Review:* "Nothing is more common than to hear from the pulpit pictures in words of excitement, of alarm, of terror, of the death-beds of those who have not lived religious lives; yet, as a rule, if these pictures are supposed to be those of the unfortunates at the moment of death, they are utterly false. In point of fact, ninety-nine of every hundred human beings are unconscious for several hours before death comes to them. All the majesty of intellect, the tender beauty of thought, or sympathy, or charity, the very love of those for whom love has filled all waking thoughts, disappear. As a little baby just born into the world is but a little animal, so the sage, the philosopher, the hero, the statesman, he whose thoughts or deeds have writ themselves large in the history of the world, becomes but a dying animal at the last. A merciful unconsciousness sets in, as the mysterious force we call life slowly takes leave of its last citadel, the heart, and what is has become what was. This is death."

The New York Medical Times.

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LIFE IN THE TENEMENTS.

THERE is in every great city a large tenement population, and these localities are generally looked upon as centers of disease, the natural outgrowth of poverty and filth. Dr. Tracy, of the Bureau of Vital Statistics, in his annual report to the Health Department, gave some startling facts which controvert many of the popular ideas upon the subject. Dr. Tracy has included in tenement houses all apartment houses, except those of the highest and most expensive grade. The total population upon which the results are based is 1,332,773, of which 180,359 are children under five years of age. This population is found living in 39,138 houses, of which 2,346 are rear tenements situated back from the street, and cut off from it by another tenement or by a store or factory. The average was thirty-four persons to a house, although in some districts they averaged sixty persons to a house. One surprising result of the investigation is that the death rate among the tenement house population in 1893 was 22.75, while for the rest of the city it was 23.52.

The difference mostly in the lower death rate in tenement houses is in the small number of deaths from typhoid fever and phthisis. The highest death rate is among the Italians and the lowest among the Russian and Polish Jews, who, notwithstanding their crowded quarters, living about sixty people to a house, and their filthy surroundings, by absteminous frugality and regular living, maintain a death rate lower than some of the choicest up-town districts.

In looking at the comparatively low death rate in tenement districts, we must take into consideration what the city, through its Health Department and private organizations, is constantly doing for the poor within its limits. Not only are hospitals and dispensaries open for their free reception, but skilled physicians and nurses visit the houses to prescribe for the sick and to enforce sanitary regulations. Every summer the Health Department sends out a corps of fifty physicians, who are in service nine weeks. During the past nine weeks they have visited 35,658 households, comprising 319,155 individuals, and prescribed for patients to the number of 20,746, only sixteen of whom have died while under treatment. It was found that the three women physicians visited more houses and families, and treated more sick persons than did the average men on the corps, all having served the full time without the absence of a day. Their knowledge of household work, combined with their purely professional skill, made their services in every respect most acceptable. The labors of the physicians were supplemented by the active co-operation of the King's Daughters, who provided nurses, medicine, food and clothing for the sick when needed.

The *Evening World* raised a fund of $25,000, and sent out a corps of physicians, whose special work was among sick babies. The amount of good accomplished by these zealous workers, backed by a great journal, can never be told. Seventeen thousand, four hundred and twenty-four patients were treated, furnished with medicine, food and clothing. The St. John's Guild, with its floating nursery and sea side hospital, the fresh air, the bread and ice fund, and individual churches, each did their share in that work of Christian benevolence, one of the results of which are seen in the low death rate among that class whose poverty would lead us to expect other results. This house to house visitation of the poor, and the intelligent study of their condition is, in pointing out a way of practical benevolence which will remedy great suffering by helping the poor to help themselves, touching the hearts of every one, and prompting them to give of their abundance to a work which promises the richest returns.

Many, many years ago, a ball was given to the Prince de Joinville, in what was then the most aristocratic block in the city, Depau Row, in Bleecker Street. The upper floor of this entire block was so constructed that it could be thrown into a single ball room. And here the beauty,

the wealth, the culture of the city assembled to entertain the French prince. One of these houses was the home of A. T. Stewart; and another was occupied by Valentine Mott, at that time not only America's, but the world's greatest surgeon, whose genius so far startled the medical world, that the Baron Sarvey said of one of his triumphs: "I would rather have performed that operation than to have won the proudest victory of Napoleon." In the house occupied by this prince of surgeons, is now located the Home of the Industrial Christian Alliance.

Its promoters aim primarily to help men to help themselves, doing much to solve that most perplexing problem, by furnishing means of honest livelihood, and giving encouragement to those homeless wanderers of the streets who are really desirous of permanently bettering their condition of life. The Alliance is especially an industrial enterprise, each inmate being thoroughly taught some useful occupation calculated to make him self-supporting. A careful record is kept of each man's character and works, and as soon as he is found to be competent and trustworthy, a suitable position is found for him. Few rules govern the institution, the managers preferring to put the men on their honor as much as possible. A feature of the work also is the rescue and restoration to the ranks of regular labor of those homeless and friendless men who are neither criminal nor vicious, but through adverse circumstances have come to want and despair. The work is also wholly unsectarian in its nature.

The first floor, 25 feet front by 125 feet deep, is occupied as a restaurant, and furnished the past year over 700 excellent meals at five cents each, for which sum sufficient can also be taken home for a meal for three persons.

The offices and chapel, where services are held daily, with a seating capacity for three hundred, occupy the second floor. The third floor contains the trustees' room, reference library, secretary's office, carpenter's, shoemaker's, and tailor's shops, and a clothing store-room. The fourth floor is devoted chiefly to what is called the social hall, comprising a series of smaller rooms, designated as sitting, reading, writing, and music rooms, and a study. A library containing about 3,000 volumes, with living quarters for the assistant superintendent, librarian, and housekeeper, is also upon this floor. The two top floors are used as dormitories, having sleeping accommodations for nearly one hundred persons, besides providing eight shower and two tub baths for the men.

We doubt whether there is a city in the civilized world of the size of New York, where more is done for the poor than in the metropolitan city of the New World.

EFFECTS OF MARINE BATHING UPON MENSTRUATION.

THE opinion is so widely prevalent, not only among women generally, but also among their physicians, as to the danger and harmfulness of any exposure to the effects of cold in any way during the period of menstruation, that any departure from the old and long established custom of avoiding all possible chances of being subjected to it, would be regarded with suspicion and doubt indeed, as rash and perilous in the extreme. 'Tis true, that a sudden exposure to cold or wet under certain circumstances, and in certain conditions of the body, during the continuance of this most important function, would be attended with more or less danger of its suppression, and of the many physical evils resulting therefrom. But, as will be seen by reading the experiences of Dr. Houzel, of Boulogne-sur-mer, upon this subject, the application of cold by sea-bathing is not only not attended with danger of any untoward results, but is proved to be a most useful stimulant in promoting free and healthful menstruation, and as a protection to the uterus and the body generally, from the manifold troubles resulting from dysmenorrhœa, amenorrhœa and other effects of uterine congestions, inflammations, etc. According to Dr. Houzel, no period of menstruation, nor condition of that function, forbids the indulgence in sea-bathing and prolonged immersion in sea-water. Indeed, according to the testimony of many, relief is often obtained by it from pain or other menstrual discomfort, nor does the condition of pregnancy, nor the presence of the period of lactation counter-indicate the free use of the marine bath.

There is another objection that might be urged by those who would fear or disapprove of what might seem to be an unnatural innovation upon established usage, and that is that while the hardy women—the "pecheuses" or fisherwomen of Boulogne-sur-mer—could remain immersed in sea-water at all temperatures, and for any length of time, not only with perfect impunity, but with the effect of great physical development and improvement, strangers, and those not accustomed to it, would give way to the rigors and hardships ot the bath. But, as will be seen, "among the bathers who frequent this place are many English, who bathe without interruption, and suffer no ill

effects." Of course, due consideration must be given to the presence of uterine affections, and to diseases of the annexæ, etc., and also to the primary depressing effects of the sudden application of cold water to delicate and asthenic women. In such cases, it would be necessary to accustom the patient gradually to the new regimen until the body had acquired sufficient tone and vigor to enable it to resist the primary shock.

The experiences of Dr. Houzel naturally suggest the inquiry as to how the use of the sea-bath exercises so salutary an influence, not only in promoting the efficiency of the natural function of menstruation, but in correcting its many difficulties and irregularities. Without going into a minute consideration of the various processes of ovulation, it may be said, in general terms, that one of, if not the most important factor in perfect menstruation is, that the body of the female shall possess a certain amount of tonic vigor and general healthfulness, and that these shall be maintained by the observance of hygienic requirements, and by abstinence from whatever may tend to lower the effective operations of the vital forces.

Of course, the healthy physical condition of the ovaries and womb is indispensible to perfect menstruation, and it is only when these organs are unable, because of physical disability, to perform their natural functions, that the varied troubles of imperfect menstruation arise. Taking a general view of the action of the marine bath in promoting menstruation, it may be said to be of a tonic and gently stimulating character, exercising its tonic effects, in the first place, upon the superficial nerves and capillaries of the cutaneous surface, promoting general sanguineous circulation, arterial, nervous, and also lymphatic, urging nervous irradiation, with all its quickening and equalizing influences, upon every organ in the body and its every minutest portion. It is easy to see what must be the effects of such influences in removing congestions of all kinds, in arousing the various organs from functional torpor, and compelling a more vigorous performance of functional duty. Especially would this seem to be the effect in amenorrhœa or dysmenorrhœa, in which there is always a greater or lesser degree of functional inactivity and imperfect nervous and capillary vigor. The nervi vasorum and the vasa vasorum of the ultimate radicle capillary vessels of uterus and ovaries, feel the quickening stimulus beginning at the surface, and every agency that is concerned in enforcing the periodical return of this functional duty upon woman—heaven help her for that same—receives the unusual stimulus, and the happy relief is given to her from all the horrors and miseries of obstructed and imperfectly performed menstruation. Experiences, such as those placed before the Congress of the "Thalasso therapeia" at Boulogne-sur-mer by Dr. Houzel, upon the wonderful effects of marine bathing in relieving the troubles not only of menstruation, but of many other diseases, are full of interest, and well worthy of consideration by the profession. At the Congress of "Thalasso therapeia," at Boulogne-sur-mer, July 25-29, 1894, speaking of the influence of sea-bathing and prolonged immersion upon menstruation, M. Le Dr. Houzel said: "During menstruation woman is in a condition near to disease." So says Stoltz, in his remarkable article in the "Dictionaire de Jacond," and nearly all authors who have treated this question are of the same opinion, and recommend a severe regimen for women who have their courses, and that bathing should be avoided. This opinion, correct, perhaps, as respects women in cities, is untrue as applied to robust and well-poised women, and who have preserved a part of the privileges endowed by nature. For them, menstruation is only a physiological act, accomplished quietly, and accommodating itself perfectly to the fatigues and changes imposed by the necessities of life. Sea bathing, far from interfering with menstruation, promotes it, prolongs woman's genital life and increases her fecundity. Why then should not the same advantages accrue to city women, fatigued and exhausted by civilization and by the demands of a worldly life? It would be profitable for all; it is simple, and with a little prudence and experience, and by habituating themselves to take sea-bathing, even during menstruation, many delicate, neurasthenic women, and suffering from amenorrhœa or dysmenorrhœa, would find this function regulated, and to the great profit of their general health. Women engaged in fishing, and remaining for hours in the sea-water, both winter and summer, and whether during menstruation or not, seem to suffer no inconvenience from it, and uterine affections are rarely met with among them. All of them observed by me, went into the water whenever they wished, at any time, and for any length of time, during menstruation, when pregnant, or nursing, etc., and with no bad effects whatever resulting. Their menstruation was painless in some; in others, by going into the water, the pain was relieved, and the flow made more abundant. All were unanimous in proclaiming the happy effects of the

sea-water upon their menstruation, and there was not one dissenting voice. They were taken by chance, and my conclusions were drawn impartially from their united testimony. Many of them being accustomed to the water from infancy, one might think their first menstruation would occur while immersed in it. Again, it might be supposed that they enjoyed an immunity that was peculiar to the race, but that is not so. Other women among the people go into the water during menstruation without inconvenience, and among the bathers who frequent this place are many English, who bathe without interruption, and who suffer no ill effects. Then women may continue the sea bathing during their catamenia, on condition of being acclimated to the sea, and of having no lesions of the annexæ which would render them particularly liable to injury from the excitement or from the change from their usual mode of life. The therapeutic effects of continued sea bathing then promote, increase and regulate menstruation. We can realize, too, its salutary influences upon amenorrhœa, and dysmenorrhœa, and generally in all the affections in which uterine circulation and vitality have need of being relieved and rendered more perfect. Good hygienic conditions, joined to great activity of the genital circulation, contribute to prolong the duration of the ovular function. Sea bathing hastens the development of menstruation, and retards the menopause; in other words, prolongs and increases genital life.

SEA BATHING.

DR. HOUZEL, at the Congress of Thalasso Theraperia at Boulogne-sur-mer, July 25-29, 1894, called the attention of the Congress to the remarkable effects of regular sea bathing in cases of tuberculosis, and cited many instances of complete restoration from various forms of this disease. He says: "The marine atmosphere and sea bathing, and, in certain cases the marine hydro therapeia, work marvels, provided they are employed for a sufficiently long time. The cure is complete, so much so that old patients may beget children, healthy and without a blemish. These facts date back for more than twenty years." Among the cases, he cites tubercular adenitis of the neck, with gommata in different parts of the body, tubercular periostitis, blepharitis and double kerato-conjunctivitis, etc. Dr. Houzel reached the following conclusions: 1st. That marine treatment is all powerful to cure tuberculosis, if sufficient time be given to it. 2d. The cure is complete and definite, so that the descendants from such cases receive no pernicious influences. Dr. Houzel's communication gave rise to a discussion in which MM. Verneuil, Calot, and others took part. The first point discussed was as to whether a scrofulous patient cured by a prolonged sojourn at the seaside, could return to the city with impunity. Numerous Parisian children, cured at the marine hospital, suffered relapse on returning to Paris. Many became victims to pulmonary tuberculosis. On the other hand, scrofulous children were sent to Berck, and there cured. They had no relapse, so long as they continued in the country. It was necessary, said M. Verneuil, to advise an exodus of those afflicted with scrofula to the seaside, and to caution them against returning to the source of infection. A second point to determine is as to advising an apparently healthy young girl, but coming from scrofulous parents, to marry a Parisian and going to live in the city. On the contrary, M. Verneuil thought it should be opposed strongly.

The effects of marine treatment differ accordingly as the air or water of the sea are utilized. They also differ as the bath is used on the beach or in the bathing closets. In diseases of the ears, with discharges, marine treatment is indicated. If they are of a scrofulo-tuberculous nature, it is necessary that the seat of the disease should not be profound, for, in otorrhœa, the sea bath may produce serious repercussion. If the affection be syphilitic, marine treatment will effect no amelioration, and it will aggravate it, if it be of a herpetic nature. Cases of ear disease in which there is no discharge; dry otitis or Meniere's disease, counter-indicate a sojourn by the sea. On the contrary, those that are simply congestive and hysterical, indicate it. Among nasal affections, all of them, with the exception of the eczemas, will derive benefit. Of the larynx, chronic tubercular laryngitis counter-indicates it. The result will be favorable in the adenopathies or glandular affections.

Sea water may be usefully employed in the form of local douche, irrigation or pulverization. The daily use of the salt water by irrigation produces the best results. M. Verneuil advises the employment of the sea water very hot. He prefers irrigation to pulverization, for it cleanses the mucous membrane more thoroughly.

There are certain diseases which present counter indications very distinctly, such as infantile paralysis, chorea, cerebral atrophy, heart affections. hereditary syphilis and hybrid scrofula, syphilitic

lesions. On the other hand, the anæmic, the scrofulo-tuberculous, and the osseo-tuberculous, are evidently suitable for marine treatment. But there are certain cases in which a doubt may exist. Lupus, for example, does not seem to be influenced by sea air. Acute eczema cannot fail to be unfavorably affected. The same with acute impetigo, grave ocular affections, acutely painful otitis, and pruriginous cutaneous diseases. The visceral tubercular should not be sent to the seaside. In fine, from thorough experience, pulmonary tuberculosis is contra-indicated. This last affirmation brought out discussion. M. Houzel cited a cases of pulmonary tuberculosis that was benefited. M. Aigre recalled the fact that the tuberculous natives of "Beck on the Sea," evolved the disease just like those in the interior of the country. This question will be considered and discussed by the next congress. M. Verneuil added counter-indications for cancer, osseous and staphlococcic suppurations.

A GERMAN SCIENTIST'S ESTIMATE OF THE AMERICAN MEDICAL PROFESSION.

IT makes all the difference in the world whether our profession is looked at through English or German glasses. The English glasses of Mr. Ernest Hope may have possibly been a little clouded by the proverbial fogs of his native land. At any rate, things on this side the water did not meet his approval, and warranted, he thought, his sharp criticism and lecture upon ethics. We are somewhat consoled for the criticisms of the British editor by the frank and earnest expressions of Dr. Plazek, an eminent neurologist of Berlin, who, in a work recently published, speaks in high terms of our profession. "The European physician," he says, "whose vision is narrowed by the diminutive size of his own country, does not conceive that beyond the wild-heaving Atlantic there lies the land of promise *par excellence*—a land of immeasurable resources, in which the talent of the individual may hew out a career, unimpeded by European class distinctions." At no distant day, he thinks our schools and hospitals, in their clinical and scientific teaching, will rank with the highest in Europe, and their disciples, as thoroughly educated as their European colleagues, will reach out toward the goal of knowledge with the same zeal, the same activity, and the same thoroughness. The comfort and elegance of our hospitals he thinks are immensely superior to those in Germany, which he thinks is partially owing to the fact of the leading hospitals being endowed, or supported by private munificence. He has only words of the strongest commendation for our ambulance system and our training schools for nurses, which he considers the finest he has ever seen, and worthy of imitation by European countries. He believes there are grave faults in our educational system, which will be overcome by time, and those faults are precisely those which the TIMES has discussed over and over again. The preparatory education, he thinks, is liable to be insufficient. The instruction is too much of it merely theoretical, and the clinical teaching entirely insufficient. These are faults which the profession here is trying to remedy, and our schools are rapidly learning the truth that the progress of the age requires less theory and more established fact.

THE COMMUNION CUP.

THE medical profession, by its frequent references through well attested facts to the danger of contagion from the communion cup, leaves the Church no excuse for persisting in a custom so fraught with danger to life and health. Every physician in active city practice can recall cases of syphilitic, tuberculous and other disease, communicated by passing the cup from one to another—a practice which no private family or social gathering would tolerate. In a recent issue of the *New York Sun* a prominent physician seeks to reach the Church through the public press, by narrating facts from his own experience—an experience which we could duplicate, in one instance—the victim being a distinguished clergyman.

"The last time I knelt at the communion altar of the Episcopal Church," said Dr. Albert S. Ashmead, "there knelt at one side of me a gentleman I knew (as I was treating him at the time) to be a syphilitic; his mouth had mucus patches, which makes the disease especially contagious. This person took the cup before it was passed to me; of course I let the cup pass. At another time the person next to me, but following me in the use of the cup, was also a patient of mine, in an advanced stage of tuberculosis. The mouth of this person was in a condition dangerous to his neighbor." Is there any reason to expect when a person is directly exposed to contagion at the altar there will be any more or direct interposition of Providence to protect him than in any other place? In passing the loving cup on festive oc-

casions, the edge is always cleansed with a clean napkin before it is pressed by other lips. So long as the Protestant Church insists upon each communicant partaking the wine, symbolic of the shed blood of Christ, it is guilty of positive crime in not devising some plan to render its observance comparatively safe. "He that eateth and drinketh unworthily eateth and drinketh condemnation." How much more does the condemnation apply to the priest who presents the poison-freighted chalice to the lips of the communicant who receives it in trusting confidence at his hands?

ABOLITION OF THE OFFICE OF CORONER.

THE amendment passed by the Constitutional Convention abolishing the office of coroner, meets with such general favor that it will probably be adopted when submitted to the people, permitting the Legislature to provide for the performance of its duties in a more sensible and acceptable way than at present. In Massachusetts, the cause of suspicious deaths is determined by a professional medical examiner, while the criminal aspects of the case are left to the police and prosecuting officers. This plan has worked so satisfactorily that it will probably be adopted in this State.

DR. WILLIAM OSLER, in a speech at the annual dinner of the Harvard Medical Alumni Association, said that co-education, so far as it had been illustrated in the medical department of the Johns Hopkins University, was a failure, for 33⅓ per cent. of the lady students admitted to the hospital, at the end of one short session, are to be married; and if one-third fall victims at the end of the first session, what will happen at the end of the fourth? Dr. Osler does not seem to take into consideration the fact that a medical partnership for life, based upon a similarity of tastes in literary and scientific work, may not only be not a failure, but result in the highest form of success.

THE *Eclectic Medical Journal* publishes a carefully prepared statement of the number of physicians in the different schools in the United States, which differs somewhat from that of Polk's Medical Directory. According to this statement there are 118,453 physicians of all schools in the United States; of these 72,028 are classified under the head of Regular; 9,648 Homœopathic; 10,292 Eclectic; 1,553 Physio-med., and 11,524 unclassified. Very likely this is about as close an approximation as can be obtained, as the more advanced men of all schools are getting outside of sectarian names, and standing on the broad platform of physician. This is true to such an extent that membership of societies are very far from a correct test of schools or individual practice.

THE increase of nervous diseases and lunacy in our own country during the past two years, is even more than paralleled by the increase in England and upon the continent of Europe, as shown by recent official reports. The very great financial depression of the past two years, paralyzing industry, and closing, to a certain extent, the avenues of trade, has been felt not alone in our own country, but throughout the world; and this is undoubtedly one of the prominent causes of the greatly increased number of mental wrecks.

THE New York State Homœopathic Medical Society commenced its Forty-third Semi-annual Session at the New York State Insane Hospital at Middletown, Tuesday, September 25th, and continued in session two days. The beautiful grounds, the commodious buildings of the hospital, the warm welcome by the facetious and eloquent superintendent, and the generous and unique lunch served by him to the Society and its guests, in which were combined the delicacies of the Swedish *smorgasbord* with the tasteful dishes which the chef knows so well how to prepare, made the social element of the gathering one long to be remembered. As if stimulated by the pleasant surroundings, the discussions upon the papers read, which had been prepared with great care, were of more than usual interest. The meeting in all its features was a marked success.

Sudden Blindness in the Course of Diabetes in Young Persons.—At a meeting of the Berlin Society for Internal Medicine, Litten (*D. Med. Woch.*) reported the cases of two children suffering from diabetes, in whom blindness appeared suddenly. One case was in a girl, seventeen years old, in whom vision had been impaired, and blindness developed in the course of a few hours. Upon inspection the crystalline lens of one eye was found to be quite opaque, and light perception was lost in this eye. The lens of the other eye presented considerable striation, and vision was cloudy and obscure. The cataractous lenses were successfully extracted, with subsequent improvement in vision. The second case also occurred in a girl seventeen years old, who suddenly became blind in both eyes, with loss of light perception. In this case operation was not acquiesced in.

BIBLIOGRAPHICAL.

LISTOL is taking high rank among the new antiseptic remedies. Dr. McCormick, of Washington, publishes in the August *Fortnightly* four cases, illustrating its action in different conditions. In every case it proved more efficient than other antiseptics which have generally been in use.

FIRST ANNUAL REPORT, upon the marriages, births, divorces and deaths of the State of Maine for the year ending December 31, 1893.

The population in Maine in 1890 was 648,936. The year ending December 31,1892, showed 14,028 births, or 21.21 per 1,000; 5,720 marriages, or 8.66 per 1,000 and 12,147 deaths, or 18.37 per 1,000. The diseases were of the usual variety, the largest death rate being that of tuberculosis, of which there was 1,513 cases, being 22.88 per 10,000, as compared with that of 35.38 in Massachusetts, and 23.28 for Connecticut. Only thirteen deaths are ascribed to malaria, three of which were contracted outside the State. Of this number only one was a child. In Italy, in 1891, out of a total of 18,229 deaths from malarial diseases, 11,369 were of persons under twenty years of age. 552 divorces were decreed in the year 1892, being at the rate of not quite one divorce to every ten marriages solemnized within the same year. In the divorces for adultery the husband was the libelant forty-seven times and the wife twenty-three times.

FLINT'S PRACTICE OF MEDICINE. A Treatise on the Principles and Practice of Medicine. Designed for the Use of Students and Practitioners of Medicine. By Austin Flint, M. D., LL. D., Professor of the Principles and Practice of Medicine, and of Clinical Medicine in Bellevue Hospital Medical College, N. Y. New (seventh) edition, thoroughly revised by Frederic P. Henry, M. D., Professor of the Principles and Practice of Medicine in the Woman's Medical College of Pennsylvania, Philadelphia. In one very handsome octavo volume of 1,143 pages, with illustrations. Cloth, $5.00; leather, $6.00. Philadelphia: Lea Brothers & Co., 1894.

No work upon practice has had a larger sale than Flint's, and none has been held in higher estimation. In the new edition Professor Henry has omitted general sections on pathology, in conformity with the present custom of relegating that subject to special works. Space has thus been gained for the necessary enlargement of the paragraphs upon treatment, which have been enriched to represent some of the recent advances in therapeutics. The editor has likewise contributed new articles on twenty distinct diseases.

YOUNG'S ORTHOPEDIC SURGERY. A Manual of Orthopedic Surgery, for Students and Practitioners. By James K. Young, M. D., Instructor in Orthopedic Surgery, University of Pennsylvania, Philadelphia. In one octavo volume of 446 pages, with 285 illustrations. Cloth, $4.00; leather, $5.00. Philadelphia: Lea Brothers & Co., 1894.

We respectfully suggest to the learned author that the word orthopedic, in its origin and general use, relates more especially to club foot, and that, as his discussion includes general chronic and progressive deformities, the word orthopædic, in its origin would convey a more correct idea of the general scope of his work.

The mere spelling of the word is of but little moment, however misleading it may be at first glance. As we turn over page after page, we are struck with the elegance of the typography, the beauty and correctness of the plates in their most minute details, and the evidence in the text of a wide experience, thorough anatomical knowledge, and great mechanical skill in adapting means to produce the necessary results.

The volume is fully up to the present advanced state of a department of surgery which has made great progress within the past few years.

A PRACTICAL MANUAL OF MENTAL MEDICINE. By Dr. E. Régis. With a preface by M. Benjamin Ball. Second edition. Thoroughly revised and largely rewritten. Authorized translation by H. M. Bannister, S.M., M.D. Utica, N. Y.: Press of *American Journal of Insanity*.

Dr. Bannister has made a very admirable translation of a work which in France has met with such marked success from the concise, clear and methodic manner in which the more important facts of medical and medico-legal psychiatra were presented that it speedily passed to a second edition. The work is invaluable for the general practitioner from its clinical and practical researches and from the fact that it represents on the one hand the manual, by its condensation of material, its beauty and clearness, and by its order and conciseness. On the other hand, it is almost a didactic work in the very elaborate manner in which the subjects of certain chapters are treated and in the frequent personal and original views it contains. An interesting fact in connection with the work is that it is published by Dr. Alden Blumer, the accomplished superintendent of the State Insane Hospital at Utica; printed at the asylum by his patients, and issued from the press of the *American Journal of Insanity*, of which Dr. Blumer has long been the able editor. As the author says, it is the first instance of a book treating on mental aberration, written by an alienist, translated by an alienist, and under direction of an alienist, printed and bound by the insane.

SOCIETY REPORTS.

REPORT OF FRENCH SCIENTIFIC SOCIETIES.

MEDICAL SOCIETY OF THE HOSPITALS.

President, M. Ferrand.

Treatment of Diphtheria by the Permanganate of Potash.—M. Catrin made a communication upon the treatment of diphtheria by the permanganate of potash. He employs the drug in solution of 1-500, and 1-200. The applications are made every two, three or four hours, according to the gravity of the case, the abundance of the false membranes, and the rapidity of their formation. M. Sèrestre has used the permanganate in his service, and in very concentrated solution, but the results were not encouraging. M. Reuder had no experience of it as respects diphtheria. But in the anginas of a septic or gangrenous form, the odor rapidly disappears, and the progress of the angina is surely arrested.

MM. Widal and Besancon: The streptococcus is very frequently found in the mouth in a normal state. In the great majority of cases, when the streptococcus is associated with different pathological conditions, it is exceptionally in a virulent form. In the organs of the variolous, it is found in an extremely virulent form. Then it seems necessary that the streptococcus should invade the whole organism to take on its virulent character. These different considerations are consistent with experimental facts which demonstrate that the virulence of the different micro-organisms results from their passage through the economy. So, then, a classification of the anginæ cannot be made from the biological types of their microbes, but only by its virulent character can the streptococcic nature of an angina be affirmed.

M. Reuder read, in the name of M. Spillmann (de Nancy), the report of a case of tubercular peritonitis, in a child of thirteen years, cured by the injection of camphorated napthol.

Differences Between Lesions of the Radical Intermedullary Fibres and Those of the Trunks of the Branches.—M. Pierre Marie: From microscopic preparations treated by Marchi's method, and taken, some from children dead from diphtheria, others from guinea pigs after section of the sciatic nerve or amputation of the thigh, it was decided that lesions of the posterior intramedullary radical fibres, are infinitely more pronounced than those of the trunks of the branches. This difference, which is equally observed in certain medullary affections, notably in tabes, has been considered by some authorities as an irrefutable argument against the doctrine which gives to this disease an exogenous origin. Obersteiner and Redlich have attempted to explain this incongruity by holding that lesions of the posterior radical fibres were produced at the point where they entered the medulla by a strangulation of these fibres by the inflamed pia mater. But there is another explanation for these phenomena. In the trunks of the branches, the axis cylinders, being composed of a large number of nerve fibres, if some of them should be impaired, the others remain whole. The action of the axis cylinder upon the nutrition of the myeline sheath is not suspended, and so the sheath does not undergo the disintegration that it does at the entry of the fine radical intramedullary fibres.

In twelve cases of erysipelas, M. Netter found in the saliva of six the pneumococcus; in three, the streptococcus; once, the capsulated pneumo-bacillus; once, the white and yellow staphylococcus, and once an unknown coccus. The virulent pneumococcus was found in the saliva of convalescents from erysipelas of the face more frequently than in other subjects, even more so than the virulent streptococcus.

Treatment of Peritonitis from Perforation.—M. Berger exhibited a patient upon whom he had operated for acute peritonitis, consecutive upon acute perforating appendicitis. Through three incisions, one in each iliac fossa, and the other median, he washed out the abdominal cavity with boiled water; tamponed the three wounds with iodoform gauze. After a few accidents, intestinal paralysis, etc., cured. M. Berger operated several times under similar conditions. This was the first case of recovery. He did not resect the appendix.

M. Poirier presented a case in which he curetted and tamponed pulmonary caverns that communicated with two pericostal cold abscesses. The patient was operated upon six months previously and had gained fifteen pounds. The pulmonary tuberculosis which existed in the two apices was notably ameliorated.

Duodenotomy for Biliary Calculus of the Ampulla of Vater—M. Pizzi reported the interesting case of a woman upon whom he operated for a biliary calculus lodged in the ductus choledochus at the top of the duodenum. Calculus weighed five grammes. Grave chronic icterus supervened, with hypertrophic cirrhosis and other accidents, for seven years. At the laparotomy there were found considerable adhesions of the inferior surface of the liver. It was necessary to eviscerate nearly the whole abdomen to find the calculus. Incision of the duodenum, exploration of the pylorus and of the duodenal cavity, removal of the calculus, complete suture of the duodenum by special process; cure after a few accidents.

OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY OF PARIS.

President, M. Budin.

M. Caubet reported a case of a woman affected with hereditary syphilis. She had had three abortions, and one false pregnancy. Curettage was practiced for an old endometritis, after the third abortion; cured. Subjected to specific iodurettted treatment on the appearance of syphilitic gommata of the left nasal fossa, she carried a fourth pregnancy to full term, and was delivered of a monster, the principal anomalies of which were, first, complicated hare lip; second, imperforate urethra; third, club foot—varus equinus—of the right foot.

M. Budin: The observation of M. Caubet is very interesting. It would become of very important significance if analogous facts of vicious malformation could be multiplied of infants whose mothers were affected with hereditary or acquired syphilis. It is well known that malformations are not rare when there is hydramnios—dropsy of the amnion. Our colleague, M. Bar, has particularly insisted upon this fact. On the other hand, hydramnios very often coincides with syphilis. May this disease and these congenital deformities be considered in the light of cause and effect? Perhaps new bibliographic researches and experiences may enable us to establish this relation.

M. Brindeau reported a case of congenital contraction of the small intestine in an infant, the diagnosis of which was soon suspected, and M. Chapot performed laparotomy. Death ensued. The contracted portion of the intestine was in the lower end of the ileum, and measured from eight to ten centimeters, the opening very small, scarcely admitting the smallest probe. Nowhere was the obstruction complete, and the large intestine contained no meconium. This malformation is not frequent. Seventy-five cases have been reported by Silberman, and a few were unproved, as there was no autopsy. Death generally occurs speedily. As regards treatment, laparotomy is the only resource.

Treatment of Tuberculous Abscess of Osseous Origin by Alterative Injections.—M. Ménard, Berck-on-the-Sea, made a communication upon the treatment of tuberculous abscess of osseous origin. He injected a large number of cold abscesses, which were consecutive upon Pott's disease and coxalgia. Puncture is clearly indicated, for re-absorption is exceptional, and the abscess terminates by opening spontaneously. The injections should be made with iodoform, ether, oil of gaiacol or camphorated napthol. The important point is to take all antiseptic precautions for the cleansing of the fistula, which often remains after the puncture. This fistula is kept up by the contact of the alterative liquid with the passage made by the needle. The cure will be rapid, say in five or six weeks, and with two or three injections, if the disease originates from Pott's disease or coxalgia. In such cases we may operate with almost entire assurance of success. On the contrary, if the osseous tuberculosis be recent, the abscess will be of long duration and difficult to cure—from three to five months—and will necessitate seven or eight injections.

ANTHROPOLOGICAL SOCIETY.

M. Piette exhibited curious specimens of prehistoric art found at Brassempony, Lower Pyrenees. One of the ivory statuettes showed the body of a woman, in which the breasts were greatly elongated, and, a very curious fact, presenting a very remarkable protuberance of the two ischia. This differs from that of the Boshmen, which occupied the entire buttocks. The labia majora were enlarged and made an apron—tablier. Another statuette of a woman of graceful figure, with a head and face resembling the Mongolian, except the nose. The head dress was exactly similar to that adopted by the ancient Egyptians. These figures were designed by the most skilful art, and exhibited most remarkable artistic taste on the part of the Magdalenian artists.

M. Adrien de Mortillet remarked that at the Magdalenian epoch there was no school nor principles of art. Each artist pursued his own idea, and his sculptures faithfully represented it. He regarded the development of the buttocks in the woman as simply fatty folds and not as protuberances, steatophygie of the ischia, for the development is lateral, and does not cover the ischia.

M. Piette said that at the exhibition of the collection of Brassempony before the Congress of Association for the Advancement of Science, held at Pau, one of the members had had the indelicacy to appropriate a statuette on which the steatophygie was prominently exhibited.

ACADEMY OF MEDICINE.

President, M. Rochard.

Angina of the Chest and Paludism.—M. Le Roy de Mericourt discussed the subject presented by M. Laucereaux at the last session. The palustral larva, in this case, was only an attack of intermittent fever, at the age

of eight years, that lasted six weeks. The aorititis supervened at the age of twenty-five years. Could it really be due to so old and slight an attack of the palustral fever? M. de Mericourt had seen many old and long continued paludal diseases, and had made a collection of the marine medical archives. With the exception of a single case, in which the attack of angina supervened in consequence of emotional excitement, and ended by being cured, showing that there was no organic lesion, there was nothing to cause him to recognize any relation between the paludism and the aortitis. M. Féré, one of the English physicians who had made special observations of paludism, had never seen this complication. He believed it to be possible, but very rare. M. Laucereaux replied that he had described a special aortitis, which he had never met except as connected with paludism. He still adhered to his opinion as to the role played by paludism in the production of this form of aortitis.

Aneurism of the Third Portion of the Subclavian Artery.—M. Charles Monod presented a patient of fifty-one years, who had been cured of an aneurism of the third portion of the subclavian by the simultaneous ligation of the primitive carotid and the subclavian above the clavicle. This fact seems unique in science. The success must be attributed, first, to the more complete retardation of the current of the blood in the aneurism, obtained by the simultaneous ligation of the carotid; second, to the security given by antisepsis against suppuration, and consequently against injury to the artery, whereby secondary hemorrhage, so often observed, was prevented.

Rhinoplasty, With a Metallic Support.—M. Chauvel read the report from M. Forgue, in which he practised a rhinoplastic operation, and replaced the nasal bones by a metallic support, covering it with the soft parts. M. Chauvel also added fourteen cases of M. Martin, in which the same method was practised. Only three of them were followed by gangrene and suppuration. Could these have been avoided by less pressure of the dressing, a more firmly fixed and immovable metallic plate, and less tension of the soft parts? The principal advantage of this process is to re-establish the functions of smell and nasal respiration. From an æsthetic point of view, in the case of a man, this seems to be superior to prothesis; but in a woman, in whom the absence of the moustache renders the application of an artificial nose more delicate, perhaps this process might replace prothesis. M. Berger said, that while recognizing that this process constituted a real progress, yet that in a case which he had seen, the result had not been entirely satisfactory. The metallic protection had not been completely covered by the soft parts, and had determined ulceration, which had produced secondary deformity.

Pathogenesis of Mercurial Stomatitis.—By a series of experiments upon the rabbit, M. Maurel demonstrated that mercury produced stomatitis by destroying the normal resistance of the buccal mucous membrane against the innumerable microbes of the mouth. The epithelial cells and leucocytes lose their vitality under the influence of the mercury. In the non-mercurialised rabbit, enormous doses of cultured microbes were necessary to produce stomatitis, while very small doses were sufficient in that which had been mercurialised.

ACADEMY OF SCIENCES.

The Microbe of the Contagious Peripneumonia of Cattle.—In his previous works upon contagious peripneumonia, M. Arloing did not succeed in reproducing the disease, with all its characteristics, by inoculation with the microbe which he had isolated. On pursuing his investigations of this disease, he met with conditions more favorable to the preservation and increase of the virulence of this microbe, and he then succeeded with cultures, from the second to the tenth, in reproducing in the ox, the typical alternations of contagious peripneumonia. This microbe, which he designated by the name of "Pneumobacillus liquefaciens bovis," is the specific agent of infection of contagious peripneumonia.

Paludal Aortitis.—M. Lancereaux reported many facts of paludal aortitis, which had produced neuritis of the cardiac plexus, and attacks of angina pectoris. He insisted upon the anatomical characteristics of paludal aortitis, beginning with the external tunic of the first portion of the aorta, instead of by scattered patches of the external coat, as in the aortitis of arterio-sclerosis. This fact is important as respects therapeutics. As a prophylaxis, paludal subjects should avoid fatigue, and excess in use of tobacco. As respects direct treatment, the neuritis especially should be treated with iodide of potassium. At the time of simple functional trouble, quinine and the salicylate of soda and antipyrine would be successful; and for an attack, employ injections of morphine, the vapor of nitrate of amyl or the ioduret of ethyl.

M. Le Roy de Mericourt had never met with angina pectoris in the numerous cases which he had observed.

M. Lancereaux replied that angina pectoris is a remote and not a speedy manifestation of impaludism. It supervenes slowly, like hepatic and pulmonary scleroses. M. Le Roy de Mericourt must have seen only recent cases.

M. Laveran, who had often observed the remote sequelæ of impaludism, did not believe that it could ever produce angina pectoris.

Feebleness of the Heart in Fevers.—M. Huchard: Besides feebleness, or the absence of the first sound of the heart, there are other signs, viz., embryocardia—pulsation like that of the fœtal heart—and bradydiastole—slow dilatation. The diagnosis of acute myocarditis in fevers is often obscure, especially in dothienenteritis, the autopsy of which shows that often with the co-existence of very grave symptoms, the cardiac muscular lesions are scarcely appreciable. On the other hand, in cardio-sclerosis, we often see considerable lesions of the myocardia with a long continuance of life. Many of the signs attributed to typic myocarditis are due to derangements of cardiac innervation. Variola will produce myocarditis; typhoid fever, myocarditis with cardiac neuritis. The grip often determines cardiac neural troubles.

M. Hayem: The opinion advanced by M. Huchard must be sustained by anatomical authority. Muscular alterations are more profound in typhoid fever than in variola. In diphtheria they are very extensive and very great.

M. Huchard: From a clinical point of view, when one sees the tachycardia—rapid pulsation—sometimes entirely disappear in eight or ten days, it becomes difficult to admit the existence of myocarditis. The influence of the nervous centres seems to be much more probable.

M. Siredy also asserted the rarity of myocarditis in variola. Typhoid fever often gave rise to cardiopathic conditions. In diphtheria cardiac symptoms appear slowly.

M. Barrié presented a patient of eighteen years, affected with cyanosis, and with inversion of the viscera. From infancy dyspnœa, supposed to be cardiac, had existed, the apex of the heart was inclined to the right side, and a systolic souffle easily heard; liver on the left.

M. Netter exhibited specimen of simple ulcer of the stomach, and calcified hydatid cyst of the liver, with compression of the gastric coronary artery.

M. Moizard read a paper upon the local application of corrosive sublimate and glycerine in diphtheritic angina. The treatment appeared to yield the best results, and was confirmed by the experiences of MM. Sevestre and Hayem.

M. Reuder reported a case of angina pectoris; patient succumbed; autopsy revealed atresia of the coronary arteries of the heart.

SURGICAL SOCIETY.

Congenital Recto-Urethral Fistula.—M. Lejars presented a case of a child that, at the time of birth, had an imperforate anus. It was observed that the urine was stained with fecal matter. On examination of the anus, M. Lejars discovered a vertical opening on the anterior part of the rectum. He operated, but did not effect a closure until

the third trial. At this time he made a large pre-rectal incision, and dissected the parts high up, and sutured the fistulæ of the rectum and urethra. The perineal wound was tamponed with iodoform gauze, and a sound introduced and kept in position for a time; a rapid cure followed.

M. Richelot exhibited a young child operated upon for exstrophy of the bladder by M. Sequard's method. The urethral fistula had not entirely closed.

M. Berger presented a disarticulation of the knee by the circular method, with extirpation of the patella. The cicatrix was posterior, and the skin very thin upon the condyles.

M. Delorme: The patient can be made to walk perfectly well upon the knee, and not as if there had been an amputation of the thigh. The skin that covers the condyles is thin, 'tis true, but perfectly resistant. M. Ollier: The skin would not be so thin if M. Berger had made the disarticulation recommended by myself. M. Berger: I have nearly employed the process of M. Ollier, but if the patient cannot walk upon the knee, he can have an articulated apparatus. J. A. C.

TRANSLATIONS, GLEANINGS, Etc.

RETROSPECTIVE DIETETICS.

Bread in Egypt.—Says a correspondent of the *Tribune:* "Wherever people live on unbolted wheat or rye flour or meal, they have good teeth, bones and muscles. I well remember when in Egypt in 1884, at Thebes, the little Arab girl who, with a vessel of water upon her head, ran over the sand, stones, rocks and hills as we rode upon our donkeys to visit the tombs of the kings, for she had splendid teeth, sparkling eyes, and a beautiful and well developed waist, symmetrical in form and graceful in every movement. On a visit to the house of our Arab dragoman or guide, to look at some curiosities which had been obtained from the tombs of the ancient Egyptians, we saw two women grinding at a mill and making the kind of flour which that young girl ate. There were two millstones, perhaps eighteen or twenty inches in diameter, standing in a tray, with an opening in the center of the upper one for pouring in the grain, and at opposite sides erect handles. The women took hold of these handles and turned the upper stone around and around and back and forth, and the flour or meal came out between the outer edges of the stones. I said to our guide, 'we have not had a bit of good bread in Egypt, for at the hotels at which we have been stopping they think that they must furnish superfine flour bread for foreigners to eat. Now, I want you to make us a loaf of bread from that flour and bring it to our hotel to-morrow and I will pay you for your trouble.' He did so, and it was the best bread we had in Egypt."

Boiled Milk as an Aliment Abroad (*Lancet*).—The practice of subjecting milk to boiling heat before consumption has of late been widely adopted in European countries, whose public hygiene has hitherto been such as to counsel every means of minimizing the conveyance of infection. British travelers, in Latin countries especially, will be reassured by this salutary innovation, experience having taught them that the milk supplied in hotels and pensions and added to their morning meal of tea and coffee, has too often been tainted with the micro-organisms of infectious or contagious disease, chiefly from being diluted with impure water, not seldom containing the desquamatory debris of convalescents from scarlet fever. Sanitary truth progresses slowly into these regions, and when the public health officer at length succeeded in establishing the unwelcome fact that milk was one of the surest channels by which infectious diseases were diffused, he had to encounter the objection that the boiling process to which he insisted on its being subjected, deprives it of its nutrient properties and also its digestibility. Again, however, he has been able to show that reason was on his side, and that milk, after boiling, is not only more easily digested, but has actually a higher nutrient value than in the crude state. We allude especially to Dr. Chamouin's experiments, in which he fed a number of kittens on boiled milk and an equal number of kittens on the same milk as it came direct from the cow or goat. Those of the former category he found to be twice as fat and healthy as those of the latter. Following up his demonstration, Dr. Chamouin examined the statistics officially issued by the town council of Paris as to the infantile mortality of that city, and finding that the chief cause of this was, directly or remotely, intestinal ailments, he prosecuted his researches still further, so as to include a comparison between those infants that had been fed on boiled and those that had been fed on unboiled milk. As he anticipated, he found a remarkable diminution in the death-rate of the former. His investigation was continued long enough to show that thousands of infants are annually safeguarded from intestinal disease and death by the precaution of boiling the milk on which they are fed.

For Obesity (*Times and Reg.*).—Take no water or other fluid at any time, except one cup of any desired hot drink, just before rising from the table. Use no liquors while eating. Avoid sugar, nuts and pastry. Eat nothing between meals. Confine the diet to lean beef, mutton, chicken, turkey, fish, eggs, or oysters, with one slice of stale bread well dipped, the bulk of the meal being of tomatoes, celery, spinach, turnips, cabbage-leaf, but not the fleshy mid-rib, and fresh or dried fruits, cooked without sugar, such as apples, peaches, plums, pears, prunes, prunellas. A little cheese is permissible. Coffee, tea, skimmed milk or buttermilk, after eating, as stated. Exercise should be taken, running being most effectual, before breakfast or before going to bed.

RETROSPECTIVE THERAPEUTICS.

By Alfred K. Hills, M. D., Fellow of the Academy of Medicine, New York.

Chloroform in the Treatment of Chronic Gastric Ulcer.—Stepp (*Therap. Monatsh.*) describes a method which he has successfully followed during the last four years, the object of which has been to prevent fermentative changes in the organ, with their damaging influence on the gastric walls, and, further, to exert a beneficial and tonic action on the damaged surface. This he has effected by the frequent use of a two-third per cent. aqueous solution of chloroform, with the addition of subnitrate of bismuth, the latter, however, being of secondary importance. The water is given in quantities of one to two bottles daily. The author says chloroform has no anodyne or narcotic properties when administered internally, its effects being more those of an astringent, a tonic, and an antiseptic. A few cases are recorded, showing how early the patients became convalescent under this treatment. When vomiting or hematemesis complicated the affection, the author found the chloroform acted effectually in quenching thirst, and arrested nausea and hemorrhage. A burning sensation, probably at the seat of the ulcer, is always produced at first, but disappears completely in eight to ten days. No unpleasant consequences occurred, but indirectly a clean tongue and improved appetite seemed to be produced. At the end of the second week beef-tea could be administered, during the third, eggs, and afterwards selected meats could generally be added to the preceding foods.

Simple Cure for Hiccough.—The *Charlotte Med. Journal* reports the following description by a Pittsburg physician of a practical cure, which, he says, in twenty years has

never failed him once in all the hundreds of cases he has tried it:

"All you have to do is to lie down; stretch your head back as far as possible; open your mouth widely: then hold two fingers above the head, well back, so that you have to strain the eyes to see them; gaze intently upon them, and take long, full breaths. In a short time you will be relieved of that troublesome hiccough.

"Now, I have tried that sure cure on all sorts of cases, from the simple form to the chronic, and it works well with all. I remember it was given to a man on the way to New York to consult a specialist on his case—one of six months' standing—and it cured him in a few minutes. He turned around, and said: 'What do you charge for that?' 'Nothing,' was the reply, 'except that you publish it to sufferers.'"

Saccharin in Ozena and Coryza.—Felici (*Therap. Monatsh.*) recommends rinsing the nasal passage twice daily with a watery solution of saccharin (1—1, 5: 500); this entirely destroys the offensive odor. In many cases of ordinary coryza, Rabow has given immediate relief and promoted recovery, by causing the patient to snuff up very small quantities of the same remedy.

Nitrate of Cobalt an Antidote to Potassium Cyanide.—At a recent session of the Budapest Medical Society, Dr. Jos. Antal announced his discovery that nitrate of cobalt is an unfailing antidote in poisoning by potassium cyanide, the two salts forming an insoluble compound. This has been demonstrated by successful results in forty cases. Dr. Antal also first recommended the use of potassium permanganate in phosphorus poisoning.

Strophanthus in the Treatment of Alcoholism.—Clinical experience has convinced Dr. A. P. Skworzow (*Med.-Chir. Rundsch.*) that the infusion of strophanthus is an excellent remedy for dipsomania. Seven drops, thrice daily, speedily produce the desired result. No relapses or injurious after-effects have been observed.

Incidents of the Assassination of M. Carnot, President of the French Republic, With an Account of the Nature of the Injury Which Caused Death, as Revealed by Autopsy.—(From *Le Progrès Médical*, June 30, 1894).—At a quarter past nine on the evening of the 24th of June, 1894, the President of the French Republic was stabbed by a poigniard when returning from a banquet given in his honor by the city of Lyons, and as he was on his way to the Grand Theatre. From authentic accounts, the President at the moment of the attack sat upright, and upon his face there was an expression of disgust and disdain rather than of suffering. He then placed his hand upon the wounded side, and upon a bouquet which had been thrown to him. The blow of the poigniard produced a certain sound, which, as affirmed by M. Gailleton, the Mayor of Lyons, who was in the presidential landau, seemed as though it had been driven to the hilt in the wounded region. The President then placed his hand upon his side. On removing it he said, "I am wounded," and immediately became unconscious. In a few moments, M. Poucet, who had been hastily summoned, reached the carriage in which were the President, the Mayor of Lyons and Generals Voisin and Boims. M. Carnot was immediately laid as nearly prone as possible, and the excessive pallor of his face, and his half-closed eyelids, gave the impression of imminent death. The bosom of his shirt on its lower portion was covered with blood, and it was torn open to facilitate respiration and at the same time to ascertain the extent of the wound. Near the linea alba, and the xiphoid appendix, and parallel to the borders of the false ribs, there was a wound of two to three centimeters in size, from which issued a stream of black blood. M. Poucet applied a handkerchief to the wound and gently maintained it in its position, while he made every effort to counteract a fatal syncope which threatened at every moment, by keeping the President in as nearly horizontal a position as possible, preventing unconsciousness by speaking to him and by applying his fingers to his face from time to time. But the President was completely insensible, groaning occasionally; and on the way from the Place de la Bourse to the Préfecture, whither he was carried, there were two or three paroxysms of nausea, but unattended by vomiting. Arrived at the Préfecture, he was immediately taken to his apartments, placed upon his bed, and while waiting for aseptic applications from the Hotel Dieu, M. Poucet applied cold compresses to the abdomen. On being provided, a few moments later, with the necessary materials, viz., instruments, sterilized gauze, iodoform, etc., M. Poucet, assisted by Drs. Masson, Monnoyer, Demandre and Lepine, and judging that surgical interference was necessary, because of the locality and nature of the wound, which threatened fatal internal hemorrhage, made a local laparotomy, without previous recourse to anæsthesia, because of the condition of collapse in which the President of the Republic then was. There were also present at the operation, and sadly impressed by the occasion, MM. Le Be Gailleton, the military surgeons Kelsch, Albert, Drs. Fabre, Rebatel. An incision of twelve to fourteen centimeters, enlarged as necessity required, and only a prolongation of the wound made by the blade of the poigniard, gave issue to a very large quantity of blood, and permitted the introduction of the left index finger to the bottom of the wound, by which it was ascertained that it reached to the anterior face of the left lobe of the liver, near to the suspensory ligament, and was of the same dimensions as that of the integument. On separating the lips of the wound by hemostatic forceps, the wound of the liver was seen a little above the costal border, and could be penetrated by the index finger to the depth of two or three centimeters. The hepatic perforation seemed to be conical in form, corresponding to that of the cutting instrument. Blood escaped from the wound, and an inspection, as rapid and complete as possible, because of the imminent peril of the President's condition, revealed no injury of the gall bladder, the liver nor intestine, and had it not been for the nature of the traumatic injury, the hemorrhage having been arrested upon the introduction of the finger into the wound of the liver, there was reason to believe that the wound was relatively superficial. The collapse, which had persisted until now; the account given by M. Gailleton of the violence of the blow of the poigniard, and finally the possibility of a sanguineous effusion into the abdomen, and into the lower pelvis, by reason of the position of M. Carnot's body, while in the carriage, for twenty-five or thirty minutes, as he was conveyed to his bed, induced M. Poucet to suppose that the dangerous complications were greater than could be accounted for. At this time M. Ollier arrived. M. Poucet explained to him the nature of the wound, the relative impossibility and inutility of suturing the superficial wound of the liver, as the hemorrhage had been arrested by compression, and it was unanimously decided, in view of the extremely grave collapse, to resort to the methodical use of the tampon. As the fibres of the rectus muscle interferred with surgical manipulation, M. Poucet made a new incision, of four or five centimeters, internally towards the median line. The wound was tamponed by gauze mildly iodoformed, then by sterilized gauze kept in place by a bandage moderately tight; and an assistant, whose duty it was to be watchful of any accident that might occur, kept up a slight compression upon the wound by the hand. It was at the first incision of the operation, and probably owing to the pain of it, and the arrest of the hemorrhage, that the President recovered his senses. At the first incision of the skin, he said in a very audible voice, "Oh, doctor, you hurt me." From that moment his strength seemed to return, and he answered questions very distinctly as to the sufferings he experienced. His pulse, which had been 140, and thread-like, also recovered strength. Small bits of ice, with a little frozen champagne, were given him, and two injections of a gramme of ether were administered subcutaneously, at an interval of twenty-five or thirty minutes. The pallor of the face remained about the same, and notwithstanding the complete return of intelligence for two hours, the col-

lapse reappeared, and the strength gradually declined. He complained of difficulty of respiration, and of suffering, as he expressed it, with his stomach and kidneys. He asked for Colonel Chamoin. M. Poucet told him that the Colonel was present, and that all his friends were around him. "I am very much touched," said he, "by their presence, and by what you are doing for me." These were his last words, and they preceded by only one or two minutes the crisis, which was truly agonizing. After a few convulsive movements, during which the intestine escaped, despite the application of the hands to the dressings, M. Carnot expired. The autopsy was made on the 25th of June, in the presence of MM. Ollier, Poucet, etc. It was confined to the hepatic region. The *proces-verbal* which closed this horrible drama, was given by the political journals. We produce it as a historical document: "We, the undersigned physicians, have to-day performed an autopsy upon the body of the President of the French Republic. We found the following lesions. The wound was located immediately below the right false ribs, and three centimeters from the xiphoid appendix. It measured from twenty to twenty-five millimeters, and the blade on penetrating cut the corresponding costal cartilage completely. The poigniard penetrated the left lobe of the liver, about five or six millimeters from the suspensory ligament. It perforated the organ from left to right, and from above downwards, wounding in its passage the vena portal, which it opened in two places. The course of the wound in the interior of the liver was from eleven to twelve centimeters. A fatal intra-peritoneal hemorrhage was the result of this double venous perforation.

[Signed] DR. LACASSAGNE,
" HENRI COUTAGNE,
" OLLIER,
" RÈBATEL,
" POUCET,
" MICHEL GANGOLPHE,
" FABRE.

Lyons, June 25, 1894.

Notes on Diagnosis.—(*Translated from the Italian, French German, Norwegian and Polish Journals, by F. H. Pritchard, M. D., Weaver's Corners, Ohio.*)—DIFFERENTIAL DIAGNOSIS OF CONGENITAL NYSTAGMUS FROM THAT OF SCLÉROSE EN PLAQUES.—Dr. L. Bard, of Lyons, France, acknowledging that though nystagmus may be a frequent associated symptom of certain organic affections of the nervous centres, especially of sclérose en plaques, states that it may be a symptom of the eye itself being affected. Thus it is present in albinism, where it constitutes an anomaly of muscular function, independent of the sense of sight, and representing a functional spasm analogous to writer's cramp, or better said, miner's ocular cramp—the nystagmus of miners. The nystagmus of sclerosis may be compared with the tremor of the upper extremities in this same affection, while that form which is congenital may be said to resemble the tremor of paralysis agitans, for it can be arrested, for a time, by the will. The nystagmus of sclerosis is best developed, when not intense, by placing the patient's eyes in a strained position; for example, having him look to one or the other extreme side, when it will appear more prominently, while with the congential form there will be periods of steadiness when thus tested. —*La Sperimentale*, Nos. 22 and 23, 1893.

DIAGNOSIS OF SYPHILITIC EPILEPSY.—Prof. Kowalewski, of Charkow, Russia, distinguishes two forms of syphilitic epilepsy; a hereditary and an acquired form. The hereditary variety is diagnosticated by the presence of so-called syphilitic diathesis or syphilomata. In the first case, essential or medullary epilepsy develops, which is not to be distinguished from the ordinary form, and of which it forms a considerable percentage. In the second case, where the pathological neoplasm is inherited, a cortical and monoplegic epilepsy develops. The medullary form apparently is observed in those cases where the disease was propagated from the father, while the circumscribed gummous cortical variety seems to follow after infection of the mother.

Epilepsy, when due to acquired syphilis, generally appears as cortical, and may be either due to solitary gummata or desseminated gummatous processes. Thirdly, during the energetic period of anti-syphilitic treatment, single and isolated epileptic attacks may be observed, and finally, epilepsy may arise after removal of these growths by absorption, from irritation of the corresponding portions of the brain by contraction of the resultant cicatrices. Epilepsy dependent upon solitary gummata is very obstinate to treatment, and is often followed by paralyses and contractures. The second form, due to diffuse gummatous processes in the vortex, is easily curable with the proper treatment; it is not followed by post-epileptic paralyses. The third form is still more easily treated, for it is caused by absorption of syphilitic products, and probably is an auto-intoxication. The epilepsy from cicatrices ceases as soon as the scar has ceased to contract.—*Wiener Medicinische Presse*, No. 11, 1894.

DIAGNOSIS OF ALVEOLAR SARCOMA OF THE SOFT PALATE.—Dr. A. Schmitt, of Munich, Germany, observed an alveolar sarcoma in a tall, pale boy of twelve years. The tumor, when first noticed, was of the size of a pea, and situated near the margin of the soft palate and its attachment to the roof of the mouth. It had been removed four times, but it had always immediately returned and grown rapidly. When seen, eighteen months after its first being remarked, it was two cms. long, one-half in breadth, and one-half a cm. in height. It was sharply circumscribed, of a reddish color, and resembling a raspberry in appearance from its granular exterior. It was covered with a smooth and shining membrane, but it bled easily on touch. The diagnosis was to be made between simple papillomatous excrescences of the glands of the mucous membrane, adenoma, carcinoma and sarcoma. The former could be excluded by the prompt appearance of the tumor after removal; adenomata of the soft palate are circumscribed, more or less hard tumors which are covered with normal mucous membrane, and may be enucleate without a knife from their investing membrane or capsule. Carcinoma was not to be thought of, as there was an utter absence of glandular involvement, in spite of the growth having existed for so long a time, while again, his age would tend to exclude this form of cancer. His appearance and the course of the neoplasm were all in favor of sarcoma. At the operation, it was discovered that it extended deeply into the surrounding sub-mucous tissue, so that a large amount had to be removed. Microscopically, it was seen to be an alveolar sarcoma. Tumors of the soft palate are relatively rare. A large number have been reported where the growth was found to be a carcinoma, a sarcoma, a myxoma, mucous polypus, enchondroma, adenoma or a mixed tumor, but as yet no aveolar sarcomata. Adenomata and sarcomata are the most frequently observed. Adenomata very rarely infiltrate the surrounding tissues diffusely, for nearly always they are sharply circumscribed growths of so benign a character that one writer has said that "they are as harmless as unborn babes." The same may be said of the majority of sarcomata. Bergmann states that they are entirely typical tumors, mostly of a fibrous structure. "They may be as easily taken out," says Volkmann, "as a gold piece out of one's pocket-book." This observation, on account of the diffuse infiltration and microscopic character, can not be classed as one of such tumors.—*Muenchener Medicinische Wochenschrift*, No. 10, 1894.

DIFFERENTIAL DIAGNOSIS OF SUB-DIAPHRAGMATIC ABSCESSES.—Dr. W. Biegánski, of Czestochowa, Poland, reports the case of a man of thirty-six years, who presented a dullness on the right side of the thorax, which extended along the mammary line up to the fourth rib, and along the axillary line up to the sixth rib. He opened the pleural cavity and found it empty. He therefore made a long incision in the seventh intercostal space, which gave issue to a large quantity of serous and fetid pus. A few days

afterwards the orifice closed spontaneously and symptoms of retention of pus developed. On careful examination of his patient, he found three signs which led him to a diagnosis of sub-diaphragmatic empyema (abscess).

1. In sub-diaphragmatic abscess the dullness presents its highest point on the anterior thoracic wall, while posteriorly it is far below that of the anterior thoracic aspect, near the ninth rib. In empyema the contrary holds true.

2. The heart is displaced upwards, and the borders of the left lung are higher than normal, anteriorly.

3. In sub-diaphragmatic abscess of the right side, the liver is especially depressed downwards, and the whole region of the flank offers a greater sense of resistance and is painful to pressure. These three symptoms attracted the attention of the writer, the more so as the differential symptoms described by Leyden were absent. These differential symptoms of diagnosis were also verified in two other cases; in one there was a sub-diaphragmatic abscess, while in the other this condition complicated a pleural empyema.—*Przeglad Chirurgiczny*, Tom. I., Zeszyt III, 1894.

DIAGNOSIS OF THE DIFFERENT FORMS OF HEPATIC CIRRHOSIS.—Prof. Senator, of Berlin, sets forth three types of hepatic cirrhosis:

1. Laennec's granular atrophy.—It is characterized by a contraction in size of the liver, an enlarged spleen, absence of icterus, a darkish and frequently scanty urine, without bilirubin, but with other pigments as well as sediments of urates, finally ascites, and enlarged veins in the abdominal and intestinal walls. Most frequent cause, alcoholism.

As a similar and sub-form he presents portal, hypertrophic hepatic cirrhosis, with all the same signs and symptoms as granular atrophy, if one except that the organ is enlarged. This form may persist even to the fatal end, though in some cases atrophy doubtlessly does set in. There is, besides, a portal cirrhosis of the liver, with icterus as a variation of the typical symptom-picture. It may be of accidental catarrhal nature, or it may be dependent upon slight microscopic changes in the hepatic tissues.

2. Biliary hepatic cirrhosis with subsequent atrophy.—It begins with an increase in size of the organ from long-lasting biliary stasis in the large gall-ducts. Later there appears, on account of the destruction of the hepatic cells, a diminution in size, without increase in size of the spleen, or portal venous stasis; the excrements are of a light color; the urine contains bilirubin. It is most frequently observed in females.

Still, under certain conditions, there may be a biliary cirrhosis with a splenic enlargement. This is especially the case where there has been a history of previous attacks of gall-stone colic or pains of this character. These cases seem to be a transition stage between the last variety and true hypertrophic biliary cirrhosis with icterus—Hanot's form.

3. Hanot's hypertrophic hepatic cirrhosis with icterus.—This third variety is characterized by an increase in size of the liver, without or with only alternating absence of coloring matters in the feces, profuse urine, which very often contains bilirubin. The spleen is enlarged, but without ascites, nor is the portal circulation disturbed. As a typical affection, this is the rarest form of all. Senator has observed only about a dozen cases. It is chiefly met with in males, but the etiology is obscure. Alcohol, syphilis or malaria may each be the cause. All the writer's cases began insidiously as an apparent catarrhal icterus, and they were apparently a steady series of catarrhal icterus, not without doubt dependent upon a specific and infectious basis. Perhaps the splenic enlargement is also to be regarded as a sign of an infectious affection. This form is more benign than the atrophic variety, for it lasts longer, with periods of improvement. It is still doubtful if an actual cure can be said to take place.

The prognosis is unfavorable in all forms, excepting possibly those due to gall-stones or other obstructions which may be removed. The outlook is worst with great diminution in size and enlargement of the spleen.—*Norsk Magazin for Laegevidenskaben*, No. 2, 1894.

DIAGNOSIS OF OBSCURE MYXŒDEMA.—Drs. Chantemesse and René Marie, of Paris, state that the relations between the functions of the uterus and ovaries and the thyroid gland have been remarked for a long time, at the age of puberty in young girls. At the menopause, the suppression of the menstrual function reacts upon the thyroid gland, in its functions. Possibly the abnormalities of function in the female at this period are due to a faulty action of this gland. The crises of tachycardia, weakness, the hot flashes, the sensations of cold in the skin, etc., deserve to be studied from this point of view. They observed a woman of seventy-four years who presented at the menopause the usual symptoms observed at this period of life. They developed little by little, and then the patient presented in the face, neck and supra-clavicular regions, signs of cutaneous swelling, thickening of the cellular tissue, which is regarded by writers as characteristic of obscure myxœdema. Her intelligence was dull, her character queer, her eyebrows having but a few hairs, while there was an entire absence of hair in the axillæ and but little over the pubes. Temperature below the normal. Palpation of the neck revealed no trace of the thyroid gland. Injections of the juice of the thyroid gland produced a notable amelioration, but, the doses being too large, they occasioned vertigo and considerable malaise.—*Le Bulletin Médical*, No. 14, 1894.

DIAGNOSIS OF INTRA-CRANIAL TUMORS.—Dr. Taylor states the three following symptoms to be characteristic of intra-cranial tumors: headache, vomiting and optic neuritis. When one meets with these three symptoms in a patient one may be certain of the diagnosis. The only disease which may simulate the conditions is meningitis, which is nearly always tubercular. Yet a patient may have a cerebral tumor without presenting any of these symptoms. The headache has nothing characteristic. A tumor of the cerebellum may be accompanied by a frontal headache, though it may also be occipital. Its only peculiarity is its paroxysticity. Besides, it is often associated with vomiting, without manifest nausea. Sometimes there is a sensitiveness to pressure of the hairy scalp, which is not to be confounded with headache. It is of no importance in locating the neoplasm. With the optic neuritis there is a sudden vomiting, which is paroxysmal and without nausea. These severe vomiting attacks deserve attention, for they are frequently forerunners of death. Optic neuritis is a very important symptom. It may, indeed, be observed in albuminuria, in lead-poisoning, as well as in anæmia, according to some writers. But, in the great majority, it depends upon intra-cranial tumors. It gives no precise indications as to the site of the growth, though it is known that in tumors of the cerebellum it is especially intense. Then there is a disposition to numerous hemorrhages into the retina, and a deposition of whitish bodies arranged in a fan-like manner around the malcula in albuminuric retinitis. Tumors of the cortex, and those impinging upon this part, are accompanied by a pain localized on pressure, which corresponds to the site of the growth. All tumors of the cortex are not associated with Jacksonian epilepsy, but this form of epilepsy only exists with a tumor of the cortex. In some cases, these localized convulsions may simulate simple spasms; in others, there is only a cramp, which disappears when the limb is extended. But in still others the Jacksonian epilepsy may manifest itself under the form of convulsions, which invade the whole body, with possible loss of consciousness. If the tumor extends towards the posterior part of the internal capsule, it may induce anæsthesia and hemiopia. After such intense convulsions, there generally develops a localized paralysis, which is most pronounced in the region which was the point of departure of the convulsions. When it occupies the white substance of the brain, there is a slow paralysis, commencing in one extremity. Convulsions may be lacking and the headache is but slight or absent. The disposition of the paralysis depends

greatly on the seat of the tumor. In tumors of the white substance, headache, vomiting and optic neuritis may be altogether lacking, and especially if the neoplasm develops slowly. The pathognomic symptom is paralysis, invading one or more cranial nerves.—*Rivista Clinica e Terapeutica*, No. 2, 1894.

A Case of Multiple Osteo-Ecchondroma.—Whittaker, of Cincinnati (*International Medical Magazine*, February, 1894), reports, in detail, an interesting case of multiple osteo-ecchondroma.

A farmer, aged forty, received a shock from a stroke of lightning when six years old. Nine months afterward, the middle joint of the right index finger began to enlarge, and gradually all of the joints of both hands, except the thumb and little finger of the left, became involved, so that the fingers now have the appearance of medium-sized nodulated potatoes. The largest nodule is on the index finger of the right hand, with a circumference of eleven inches. The right upper and lower extremities are much shortened, owing to the development of bony masses, which deform the bones. On the right external malleolus is an enlargement about the size of a lemon. The toes of the right foot are involved in the same manner as the hands, the left foot being nearly normal. The article is well illustrated, and a careful review of the literature of this condition follows.

Ligation of the Base of the Broad Ligaments Per Vaginam, Including the Uterine Arteries, for Fibroids of the Uterus.—Dr. Augustin H. Goelet, of New York, in a contribution to the *American Medico-Surgical Bulletin*, June 1st, reports favorably upon this operation in his hands for the control of uterine hemorrhage and reduction of fibroid growths. He believes it should be done in lieu of hysterectomy, when that operation would involve too great a risk, and as a preliminary step, with a view of avoiding the necessity of the more hazardous operation. When extensive attachments have not been formed which would afford additional nutrition, considerable reduction has resulted even in growths of large size. When the operation has been done for smaller growths, the result has been more satisfactory. In some instances complete atrophy has been reported. This result, as well as arrest of the uterine hemorrhage, is accounted for by interference with the blood supply and nerve supply which are included by ligation of the base of the broad ligaments. It is estimated that the uterine arteries furnish the uterus with two thirds of its blood supply, and it is reasonable to expect that a profound effect will be produced upon that organ and growths arising from the walls if this is suddenly cut off.

The sole danger in the operation is the risk of including the ureters in the ligature, as they pass down behind the uterine arteries, only half an inch from the cervix, and are consequently in the field of operation. Dr. Goelet suggests as a preliminary step, to eliminate this risk, that bougies be passed into the ureters, through the bladder. He admits, however, that a careful operator, accustomed to working in this region, may easily avoid the ureters.

The technique of the operation, as described by Dr. Goelet, shows an important departure from the usual method followed. Instead of ligating each artery in only one place, on a level with the internal os, he applies a second and often a third ligature, to the artery on each side, as it ascends along the side of the uterus, the result of which is to cut off the compensating blood supply from ovarian artery, to the lower part of the uterus.

Dr. Goelet gives all the credit of priority to Dr. Martin, of Chicago, who has recently suggested and popularized the operation and perfected its technique, but states that he first ligated the uterine artery *per vaginam* on one side in January, 1889, in the case of a large fibroid the size of a seven months, pregnancy, with a view of diminishing the size of the growth by reducing the blood supply. The artery on the other side was not ligated, because the position of the tumor made it inaccessible. Six months later the tumor was one third smaller, and was giving no inconvenience.

He quoted his last case operated upon to show how promptly uterine hemorrhage may be controlled by this operation.

Operative Treatment for Stone in the Bladder.—Briggs (*International Medical Magazine*, February, 1894) contributes a most interesting article on this subject, giving his personal experience with two hundred and eighty-four cases of stone, and discussing the various methods of operation.

He performed lithotrity on five patients, all of whom recovered, but were very impatient over the amount of time required for treatment. He then tried lithopaxy on ten adult cases; in two death resulted from renal complications. He selects this method of operation under four conditions: 1. Adult patients; 2. Capacious and tolerant urethra; 3. Small or medium-sized stone; or, if large, of soft consistence; 4. Bladder capacious and free from severe and persistent inflammation.

He prefers lithotomy in children, and has performed the operation on seventy-six children under sixteen years of age; all recovered but one.

The supra-pubic operation he performed on seven cases for the removal of very large, hard calculi, resulting in recovery in five.

Forty-four operations by the bilateral method resulted in ten deaths. He then chose a modification of the median operation suggested by Civiale in 1829, and called by him the medio-bilateral method. He has performed that operation one hundred and seventy-one times, with a result of one hundred and sixty-seven recoveries and four deaths, three of the number not being attributable to the operation.

The advantages of the operation given are briefly: 1. It opens up the shortest and most direct route to the bladder; 2. It divides parts of the least importance; 3. It is almost a bloodless operation; 4. It affords a sufficiently capacious passage for the removal of any calculus; 5. It reduces the death rate to the minimum.

In conclusion, Briggs makes the following statements: "1. No method of operation is adapted to all cases; 2. Thorough preparatory treatment is essential to success; 3. Litholapaxy is *the* operation when the patient is an adult with a capacious and tolerant urethra, with a bladder free from severe chronic cystitis, and with a small or medium sized stone, or, if large, of soft consistence; 4. The supra-pubic is the best operation for large and hard calculi; 5. The medio-bilateral should be chosen in all other conditions, because it is the easiest, safest, and best."

Surgery of the Trifacial Nerve.—H. Reineking, M. D. (*International Medical Magazine*, February, 1893), after briefly reviewing the literature of this subject, and considering some of the important modifications as made by Carnochen, Thiersch, Heuter, Koenig, Leucke, and Mussbaum, refers more especially to the removal of the Gasserian ganglion and to intercranial neurectomy, as practised in the last three years by Horsley, Andrews, Rose, Hartley and others.

He then reports a case, a summary of which is as follows:

J. B. M., a farmer, sixty-three years of age, gives a history of pain in the right supra-orbital region for ten years, and in the right infra-orbital and right occipital regions for five or six years. Within the last two or three years the pain has extended to the upper molar teeth. It generally starts in the frontal region and is never first in the occipital. It is accompanied by twitching of the muscles of the parts affected. The case is one of very severe chronic intractable neuralgia of some of the branches of the ophthalmic and superior maxillary divisions of the trifacial nerve, accompanied by less severe but equally obstinate neuralgia in the region of the great occipital nerve.

Neurectomy of the frontal and infraorbital nerves was decided upon, and the following operation was made: the supra-orbital nerve was exposed at its point of emergence from the supra-orbital foramen, liberated by chiselling away a small portion of the ridge, and separated as far back in the orbit as possible. By traction, twisting, and a little dissection of the nerves, nearly all of the orbital portion and its branches were removed. The infra-orbital was exposed by removal of the roof of the infra-orbital canal, and grasped and twisted off in the same manner as before. A small opening into the antrum of Highmore was accidentally made, and was drained for three or four days. The wound healed by first intention, and all pain disappeared in about three days.

The points in the treatment on which the writer would lay especial stress are: 1. Thorough following up, extracting, and dissecting out of the peripheral, muscular, and cutaneous branches; 2. Slow torsion, and gentle stretching of the central stump until it gives way.

Indications for Glycerin-Enemata.—Dr. Anacker (*Deut. Med. Wochenschr.*, 1893, No. 19): Small glycerin-enemata are operative only when there are fecal masses in the rectum; but then they produce a perfectly physiological evacuation—that is, the stool is not diarrhœal, and the unloading of the upper intestine follows gradually. From this the indications for glycerin are self evident. The remedy will not have any effect in mechanical obstructions of the intestinal circulation, or in constipation attending fever and cerebral or spinal affections, while it will prove highly efficacious in the habitual constipation of sedentary life, or in that due to improper diet, etc. The injection of a small quantity of pure glycerin is said to act better and more quickly than glycerin suppositories.

A glycerin injection given daily at the same hour, with its consequent evacuation, will effect, after some time, a natural desire to go to stool at the customary time of day; so that the glycerin will soon become unnecessary.

Another desirable effect of glycerin injected into the rectum, is the stimulation of labor-pains in incipient labor.

Anti-Toxic Action of the Liver.—It has been established for some time, says the London *Lancet*, that the liver has a power of retaining certain poisonous alkaloids in high proportion and in their most active state, when injected into the circulation. Dr. Schupfer, of the University of Rome, Italy, has now shown by experiments on frogs, that, by intrinsic action, due to the specific activity of its cellules, the organ diminishes the toxic power of the alkaloids with which it is brought in contact, not only those introduced from without, but those elaborated within the body, as from disease. The importance of a normally working liver is thus more apparent than ever.

OBITUARY.

James Parsons Cook, for nearly half a century Professor of Chemistry and Mineralogy at Harvard University, died at his cottage in Newport, September 3rd, at the age of sixty-eight years. Professor Cook's lectures on the new chemistry, published in the International Scientific Series, were translated into nearly every language in Europe.

Dr. Daniel Cornelius Danielsson, who died recently at Bergen, Norway, at the age of seventy-nine, was probably the greatest living authority on leprosy, to the study of which disease he devoted his life. In 1847 his work, written conjointly with M. Boeck, was published, and gave to the authors a wide celebrity. In this work, the result of investigation made at the suggestion of the Norwegian government, the identity of leprosy with elephantiasis grecorum was established. Dr. Danielsson at the time of his death was Physician-in-Chief of the Leper Hospital, Bergen.

Dr. James Kitchen died at his residence, 715 Spruce Street, Philadelphia, August 19th, aged ninety-four years. Until within a very few years of his death he continued the practice of his profession, with apparently as much skill and vigor as in his early days. After practicing in the old school for fifteen years, where he gained a marked distinction, he became identified with the Homœopathic school, then in its early infancy, about 1840, and all the rest of his active life was one of the leading members of that school. Dr. Kitchen never married, giving as an excuse that he saw so much family trouble he preferred to remain single.

The death of Professor Helmholtz, the great German scientist, September 8th, at Berlin, at the age of seventy-three years, removes from the field of active labor for humanity one whose discoveries range over the field of optics, acoustics, therapeutics and physiology; discoveries which in brilliancy and benefit to humanity have not, in this century, been crowded into the age of a single person.

His chief achievements in science, and especially in optics, acoustics, physiology and therapeutics, date from his accession to the chair of physiology at Konigsberg. His first great discovery, for the benefit of innumerable sufferers from diseases of the eye, was made in 1851. Reflecting one day upon the circumstance that, while it is impossible in daylight to see clearly into a room on the opposite side of the street, it is easy to do so at night when the room is artificially illuminated, and also in daytime, by reflecting into the room strong rays of light from a mirror, he was led to the invention of an eye-mirror, or ophthalmoscope, by which the interior of the eye is readily examined. He described this invaluable device in a volume published in the same year. The results of his further investigations of the eye appeared in a work entitled "Manual of Physiological Optics," which was published in 1856 and has ever since ranked as one of the most important works extant on that subject. In this treatise Helmholtz gives not only the results of his own investigations, important as they are, but also one of the most complete histories of optics ever written. He also discusses the doctrine of sight perception and the analysis and appreciation of colors. This was followed by him with a second volume on the transmission of nervous impressions, a highly valuable addition to the literature of physiological science.

The University of Bonn was the scene of Helmholtz's chief investigations in acoustic physiology, in which he laid the foundations of the work which has made his name most famous in the scientific annals of the world. He here invented a method of analyzing sound by the use of hollow bodies, called resonators, in which the air vibrates in the presence of previously determined sounds. He thus discovered that the difference of quality in the tones of different musical instruments resides in the different compositions of the tones. He also discovered the acoustic origin of the vowel sounds of human speech, and not only analyzed them, but also produced them artificially with tuning-forks. He demonstrated that there are but few primary sounds, as there are few primary colors, and that as the colors of most objects in nature and art are formed by combinations and modifications of the primary hues, so most sounds are complex in character. He showed that the painful effect upon the eye caused by a faint or unsteady light is identical in nature with the unpleasant impression produced upon the ear by a succession of shocks of sound. Indeed, it was he who first established a relationship and correspondence between sound and light, by demonstrating the existence of a series of "sound colors," arranged in accordance with the laws of the solar spectrum. To him also are to be attributed the invention of the ophthalmometer, which measures accurately the images on the retina of the eye; the table of compound colors, produced by mixing other colors, and much of our knowledge of atmospheric vibration, of the movement of electricity in various conductors, and of the motion of light and its refraction in different mediums.

MISCELLANY.

—A medical school for women is about to be established at St. Petersburg, under government auspices.

—Nervous and excitable people are, as a rule, not good subjects for chloroform or any other anæsthetic.

"*After you*," said the undertaker to the doctor, as he politely stood aside for the latter to first enter the room.

—A dress reform advocate asserts that a man should not marry a lady whose waist measures less than twenty-five inches.

—Dr. Bondurant, of the Alabama State Insane Asylum, says: "The best single remedy in the *status epilipticus* is blood letting. Of drugs, the most valuable is chloral."

—It is now asserted that yeast takes away all power for evil from the typhoid bacillus. This is due to some acid which the yeast plant secretes.

—It is stated in a recent publication that the word anæsthesia was coined by Oliver Wendell Holmes. He first used it in a letter to Dr. Morton, dated Nov. 21, 1846.

—A short time ago a girl died at one of the Berlin hospitals from blood poisoning, which investigation showed to have been caused by the light blue tunic of a dragoon sweetheart touching a scratch on her arm.

—Connecticut has a law which provides that a man may sign his liberty away for a period of four months, to be treated for alcoholism. This deprivation of liberty is entirely voluntary on the part of the inebriate.

—A Kansas doctor recently spoke at a society meeting, of a lady acquaintance who remarked, upon being asked the condition of her health, that she was very well indeed except for occasional attacks of *vagina pectoris*.

—Andrew Carnegie and another wealthy gentleman have promised a large amount of money for a new telescope, that will stand unrivalled in size and power. The diameter of the lens will be fourteen inches more than that of the Lick Observatory.

—Prof. Alexander Graham Bell, the inventor of the telephone, is now at work on the problem of seeing as well as talking through a wire. He firmly believes that we shall soon be able to see the people we are talking to by telephone, although hundreds of miles away.

—It is reported that Lawson Tait is soon to locate in Chicago, and will become professor of gynæcology in the Chicago Post-Graduate School. The *Kansas Index* says that if he does make such a change in location, he will undoubtedly get the largest fees of any surgeon—not less than $200,000 a year.

—According to the *Journal of the American Medical Association*, Mrs. Hannah Chard, of Glassboro, N. J., was one hundred and five years old on April 20th, having been born at Brandywine in 1789. She is still able to go out, and has one hundred and eighty grandchildren and great-grandchildren.

—In the English House of Commons recently, Mr. J. Morley said, in reply to a question asked by Mr. McCartan: "It is the case in several reports of medical superintendents in Ireland, that tea is mentioned as one of the causations of insanity, but the deleterious influence is attributed not to the quality of the tea, but to the manner of preparation."

—A Western surgeon lately informed the correspondent of one of our Canadian exchanges, that in Chicago when a surgeon performs the operation of castration, he substitutes for the organ removed a celluloid testicle, which he said made things look ship-shape, the patient being happy in the possession of it, and rejoicing in his well-balanced condition.

—Campanini, the world-renowned tenor, when asked his idea of heaven, said: "My heaven is honesty and charity, and in these two attributes I find my life brimful of happiness, and happiness is heaven. The Golden Rule is also the golden key which unlocks the golden gate of heaven. By doing good whenever we can we are always happy."

—A physician, in speaking of the business side of the practice of medicine, says: "A doctor will trust people longer and more foolishly than any man on earth. He will go on trusting people for years, until they leave him on account of hating him, because they owe him so much and so long. Then they will go to another physician and pay him, with little or no hesitancy."

—The Adventists of Battle Creek, Mich., are raising $50,000, to be used to construct a medical sanitarium at Clarmont, South Africa. The building will be constructed after plans furnished by Dr. J. Kellogg, and under his supervision. When completed it will be taken down in sections, and shipped to Africa. The Adventists believe, it is said, that after the world ends, their buildings will be preserved, and they will return and occupy them.

—Fluid extract hydrastis canadensis is warmly recommended by Dr. Br. Olzewski, of Cracow, as an almost infallible anti-diaphoretic. His experience in ninety-three cases proved that the profuse diaphoresis observed in many diseases may be checked by two or three daily doses of twenty-five to thirty drops. If the sweats subsequently recur, repeat the treatment. No vomiting was observed to follow administration, save in two cases.

—A curious case of illegal practice is reported from the small town of Serrao, in France. A woman dying in advanced pregnancy, the priest who was present during her last moments persuaded a person who was at her deathbed to perform Cæsarean section, in order that he might baptize the child. The authorities, considering this practice to be illegal, proceeded against the operator, who was proved guilty of practising medicine without a qualification, and was fined *three dollars*.

—The cable anounces that Prince Bismarck's left leg is so feeble he can only stand on it a few minutes at a time. He complained to a friend that upon the recommendation of a Russian Grand Duchess, he consulted a Russian doctor some time ago. He has since learned that this doctor was an idle and ignorant fellow—the head of a children's hospital in St. Petersburg, where he killed off 3,000 patients annually. "He ruined my leg, and I have suffered the consequences ever since."

—Since the metric system has been promulgated as official in the United States pharmacopeia, it may be useful to some of our readers to recall the fact that the U. S. fractional silver currency bears a simple relation to its various units, a relation that has been made designedly and by law. The half dollar equals 12½ grams, the quarter dollar, 6¼ grams, and the dime, 2½ grams. Eighty half dollars are equal to one kilogram. You must have some money, though, to verify these statements.

—The laws of Alabama, as we are informed, protect a certain physician of that State in his practice, and in publishing the following advertisement: "WANTED.—Healthy left male arm from shoulder down; subject must be white and between twenty-five and thirty-five years old; arm to be amputated two inches below shoulder-joint and grafted on another man's body. Will pay handsome price. Apply to the surgeon, Dr.——,—— street, Birmingham, Alabama." The methods of treatment of this individual are thus described: He cuts two incisions in the back for headache, taking a poor man's horse in part of a fee of $200 therefor. He punctures the cornea of an eye that is wholly lost, gouges about in the globe, saying the sight would be entirely restored by thus stimulating the optic nerve—for which he charges $25 in advance. His office is crowded at all times.